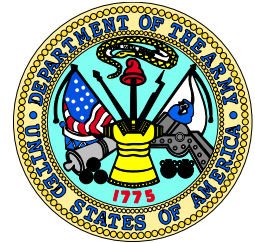


BLUE GRASS COMMUNITY CSEPP EXERCISE 2020 (BG Ex 20)

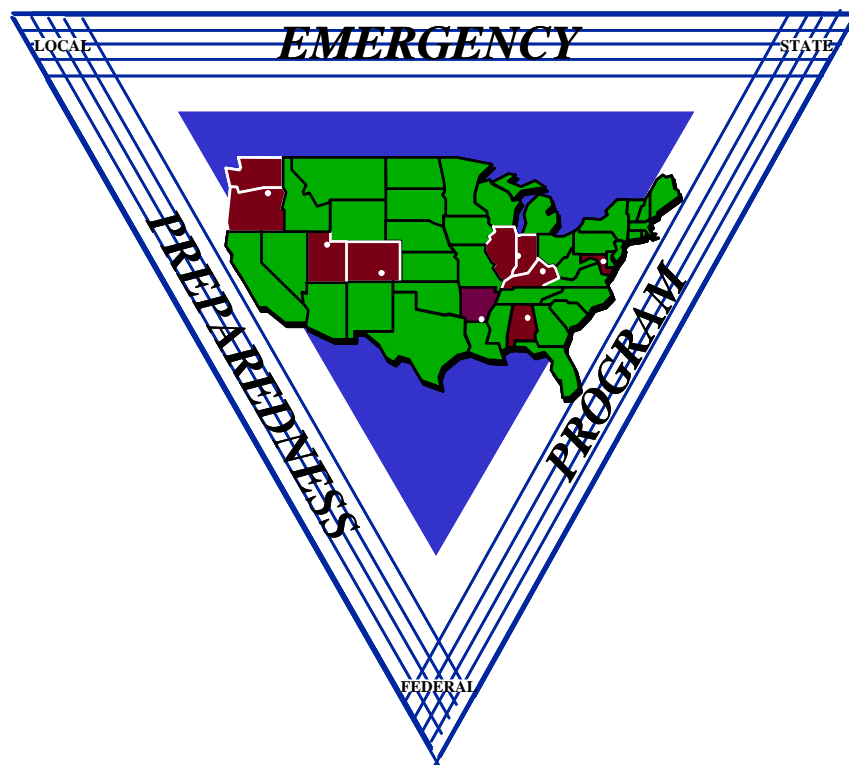


FEMA

September 16, 2020



CHEMICAL STOCKPILE



FINAL AFTER ACTION REPORT

Published December 1, 2020

HANDLING INSTRUCTIONS

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**CHEMICAL STOCKPILE EMERGENCY PREPAREDNESS PROGRAM
(CSEPP)**

**BLUE GRASS COMMUNITY CSEPP EXERCISE 2020
(BG Ex 20)
September 16, 2020**

FINAL AFTER ACTION REPORT


INSTALLATION:

Blue Grass Army Depot, Richmond, Kentucky

RESPONSE ORGANIZATIONS:

Blue Grass Army Depot
Blue Grass Chemical Activity
Madison County
Estill County
Clark County
Garrard County
Jackson County
Lexington/Fayette Urban County Government
Powell County
Rockcastle County
Jessamine County
Laurel County
Kentucky Emergency Management
Blue Grass Joint Information Center

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FINAL AFTER ACTION REPORT

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SECTION 1. EXERCISE OVERVIEW/INTRODUCTION

2020 presented a multitude of challenges related to the COVID-19 pandemic. Like many counties both within the Commonwealth of Kentucky and around the country, the Chemical Stockpile Emergency Preparedness Program (CSEPP) counties continue to sustain a prolonged emergency response to manage this ever-changing crisis.

The Centers for Disease Control and the American Red Cross (ARC) determined that congregate sheltering will only be performed in extreme emergency situations and provided a framework for non-congregate sheltering to be used during this time. The Lexington Chapter of the ARC determined that they will not support congregate sheltering exercises during the pandemic. For these reasons, it was decided to remove all sheltering and reception sites from the 2020 exercise.

Social distancing rules remain active within the Commonwealth. A minimum of six feet of spacing is required between personnel. The use of personal protective equipment, hand sanitizer and temperature checks are strongly encouraged. The Kentucky Department for Public Health issued a travel advisory on July 20, 2020 which remained in effect at the time of the exercise. The travel advisory recommends a 14-day self-quarantine for travelers from eight states. Many of the personnel who were scheduled to support the exercise reside in these states.

These factors prevented an in-person, full-scale exercise from being conducted. Only the Emergency Operations Centers in each county were exercised.

The Blue Grass Community CSEPP Exercise 2020 (BG Ex 20) was conducted on September 16, 2020 to exercise the emergency response capabilities of the Blue Grass Community Chemical Stockpile Emergency Preparedness Program (CSEPP) and to validate correction of findings identified during past CSEPP exercises.

The requirement for conducting CSEPP exercises was established in the August 1988 Memorandum of Understanding between the Federal Emergency Management Agency (FEMA) and the U.S. Department of the Army. Exercise design, planning, evaluation, and reporting guidance is contained in the Exercise Implementation Guidance, Chemical Stockpile Emergency Preparedness Program, dated December 2019.

Exercise design and planning was accomplished by the Army and FEMA CSEPP Co-Directors, and representatives from the Blue Grass Chemical Activity (BGCA), Madison County, Estill County, Clark County, Garrard County, Jackson County, Lexington-Fayette Urban County Government, Powell County, Rockcastle County, Jessamine County, Laurel County, and Kentucky Emergency Management.

2020 presented a multitude of challenges related to the COVID-19 pandemic. Like many jurisdictions, both within the Commonwealth of Kentucky and around the country, the CSEPP communities had to sustain a prolonged emergency response to manage this ever-changing crisis. As national core capabilities were incorporated into the National Preparedness Goal, CSEPP has striven to ensure its Emergency Response Outcomes (EROs) are in consonance with this effort. All jurisdictions within the Blue Grass community agreed to demonstrate selected core capabilities

during this year’s CSEPP exercise as a part of their Extent of Play Agreements (XPAs). Those demonstrated core capabilities are discussed with the appropriate ERO in Section 2 of the report.

The exercise was evaluated using the Integrated Performance Evaluation methodology and Emergency Response Outcomes (EROs). The EROs are listed below.

- ERO 1 – Preparedness
- ERO 2 – Emergency Assessment
- ERO 3 – Emergency Management
- ERO 4 – Hazard Mitigation
- ERO 5 – Protection
- ERO 6 – Survivor and Patient Care
- ERO 7 – Emergency Public Information
- ERO 8 – Remediation and Recovery

Exercise Scenario

On September 16, 2020, the scheduled operation for one chemical crew was a shipment of two pallets of GB-filled, M55 rockets from an igloo in the Chemical Limited Area to the BGCA Pilot Plant (BGCAPP). At 0920 the forklift malfunctioned and struck a pallet. An explosion resulted, spreading GB agent, scattering rockets from the pallets, and causing agent leakage.

Two individuals in the crew were injured. One exhibited severe symptoms of agent exposure, the other exhibited moderate symptoms of agent exposure. One received a non-chemical related injury.

Timeline

BG for BGAD, BC for the Blue Grass Community, KY for the State of Kentucky, MC for Madison County, LF for Lexington-Fayette Urban County Government, CK for Clark County, ES for Estill County, GR for Garrard County, JA for Jackson County, JS for Jessamine, LA for Laurel County, PO for Powell County, and RO for Rockcastle County.

Actual Time	Site	Action	ERO
0607	BG	Daily Work Plan transmitted	
0820	BG	EOC over-pressurization activated as a COVID-19 safety measure	1
0920	BG	StartEx	
0921	BG	Army decision authority determined event was a community emergency.	2
0921	BG	Assigned CENL	2
0921	BG	Initial notification of event made from field to EOC	2
0921	BG	BGCA Commander notified	2

Actual Time	Site	Action	ERO
0921	BG	WebPuff Event declared	2
0921	BG	Initial hazard analysis determined on-post areas at risk to be zones: E, EM, J, L, M, and the CLA	2
0921	BG	BGCAPP Control Room notified	2
0921	BG	ALERT! notification sent to Depot workers by text message	5
0921	BG	First aid/Buddy aid started	6
0922	BG	BGAD Commander notified	2
0922	BG	On-post sirens activated by Depot	5
0923	BG	CLA and BGCAPP public address system activated	5
0923	BG	ALERT! notification sent to Depot workers by phone call	5
0924	BG	Personnel evacuate accident scene	2
0924	BG	Army decision authority issued PAD for on-post zones E, EM, J, L, M, and the CLA	2
0924	BG	Off-post 24-hour warning points notified of CENL, agent type, wind direction, and PAR: From Run 001 – Community Emergency, GB, wind from 279 degrees, and Shelter-in-place zones 1C, 2B, 2C, and E1	2
0924	CK	Notification received via BGANS	2
0924	ES	Notification received via BGANS	2
0924	GR	Notification received via BGANS	2
0924	JA	Notification received via BGANS	2
0924	JS	Notification received via BGANS	2
0924	LA	Notification received via BGANS	2
0924	MC	Notification received via BGANS	2
0924	PO	Notification received via BGANS	2
0924	RO	Notification received via BGANS	2
0924	LF	Notification received via BGANS	2
0926	ES	EOC activated (staffing notification)	3
0926	ES	Marcum and Wallace Memorial Hospital notified by County	5
0926	ES	Schools notified by County	5
0926	RO	Rockcastle Regional Hospital notified by County	5
0927	BG	Security TCP/ACPs established	4
0927	ES	Sirens activated	5
0928	BG	First casualty at hotline/decontamination site in CLA	6
0928	ES	Protective action decision reached	3
0928	ES	First EAS message sent	5
0928	GR	Protective action decision reached	5
0928	PO	EOC activated (staffing notification)	3
0929	BG	RTAP initial deployments made	4
0929	MC	EOC activated (staffing notification)	3
0929	MC	Protective action decision reached	5
0930	GR	EOC activated (staffing notification)	3
0930	RO	EOC activated (staffing notification)	3

Actual Time	Site	Action	ERO
0930	RO	Protective action decision reached	5
0931	JA	EOC activated (staffing notification)	3
0931	LF	EOC activated (staffing notification)	3
0931	MC	Schools notified by County	5
0931	MC	Sirens activated	5
0931	MC	First EAS message sent	5
0932	BG	Adviser Alert Radio sounds	5
0932	BG	Sirens activated by Madison County	5
0933	MC	CSX Railroad notified by County	3
0934	ES	County declares state of emergency	3
0935	BG	HQ JMC notified	2
0935	BG	Radio alert notification to on-post personnel completed	5
0935	LA	EOC activated (staffing notification)	3
0935	PO	EOC operational (staffed and functional)	3
0935	PO	Protective action decision reached	5
0937	BG	KYERT notified # 1234	2
0937	CK	Protective action decision reached	5
0937	GR	First EAS message sent	5
0937	MC	IPAWS Alert & Warning notification started	3
0938	MC	EKU CC establishes SIP	5
0938	MC	First news release issued	7
0939	ES	EOC operational (staffed and functional)	3
0940	BG	Army Safety Centered notified	2
0940	BG	Senator McConnell's office notified	2
0941	BG	KDEP notified	2
0941	BG	HQ DA (AOC) notified	2
0941	BG	BGCAPP attained 100% accountability	5
0943	BG	Field Command Post (FCP) operational	4
0943	BG	First news release issued	7
0943	LA	EOC operational (staffed and functional)	3
0944	BG	Senator Paul's office notified	2
0944	JS	Protective action decision reached	5
0944	JS	Jurisdiction met exercise objectives/monitoring	
0944	JS	Community ended exercise play	
0945	BG	Representative Barr's office notified	2
0945	RO	EOC operational (staffed and functional)	3
0947	BG	Governor's Press Secretary's office notified	2
0948	BG	HQ CMA notified	2
0948	BG	On-post attained 100% accountability	5
0950	LA	St. Joseph London Hospital notified by County	5

Actual Time	Site	Action	ERO
0951	BG	Follow-up message 1 CENL, agent type, wind direction, and PAR: From Run 002 – Community Emergency, GB, wind from 260 degrees, and Shelter-in-place zones 1B, 1C, 2B, 2C, E1, and E2	2
0953	JA	EOC operational (staffed and functional)	3
0953	LF	EOC operational (staffed and functional)	3
0953	LF	VA Hospital notified by County about accident at BGAD	5
0954	PO	County declares state of emergency	2
0955	MC	PAR accepted	2
0956	LF	EOC notified of train derailment (side scenario)	5
0957	GR	County declares state of emergency	2
1000	CK	Jurisdiction met exercise objectives/monitoring	
1001	MC	St. Joseph Berea Hospital notified by County	5
1001	MC	Baptist Health Richmond notified by County	5
1003	LF	County declares state of emergency	3
1003	PO	First EAS Message sent	5
1004	GR	EOC operational (staffed and functional)	3
1005	BG	SIR report submitted to CMA	2
1005	BG	Work crew processed through Hotline/decontamination site in CLA	2
1006	MC	EOC operational (staffed and functional)	3
1010	BG	First casualty departed for off-post hospital	6
1012	BG	Follow-up message 2 CENL, agent type, wind direction, and PAR: From Run 003 – Community Emergency; GB; wind from 260 degrees; Exit Shelter zones 1B, 1C, 2B, and 2C; and Shelter-in-place zones E1 and E2	2
1019	GR	Jurisdiction met exercise objectives/monitoring	
1028	MC	County declares state of emergency	3
1033	BG	Off-post EOCs notified of updated PAR: Exit Shelter for Madison County	2
1034	BG	BGANS update changed PARs to exit shelter for E1 and E2	2
1040	BG	National Response Center notified	3
1040	RO	County declares state of emergency	3
1045	MC	State liaison 41st CST notified by County	3
1045	RO	First EAS message sent	5
1059	BG	Senator McConnell’s office updated	2
1102	RO	Jurisdiction met exercise objectives/monitoring	
1104	BG	Senator Paul’s office updated	2
1106	BG	Representative Barr’s office updated	2
1108	BG	Governor’s Press Secretary’s office updated	2
1115	BG	Second news release issued	7
1122	BG	BGANS call reported no significant change	2
1125	MC	Jurisdiction met exercise objectives/monitoring	

Actual Time	Site	Action	ERO
1152	BG	EndEx called by Depot	
1153	JA	Jurisdiction met exercise objectives	
1153	LA	Jurisdiction met exercise objectives	
1156	ES	Jurisdiction met exercise objectives	
1156	LF	Jurisdiction met exercise objectives	
1156	PO	Jurisdiction met exercise objectives	
1157	CK	Community ended exercise play	
1157	ES	Community ended exercise play	
1157	GR	Community ended exercise play	
1157	JA	Community ended exercise play	
1157	JS	Community ended exercise play	
1157	LA	Community ended exercise play	
1157	LF	Community ended exercise play	
1157	MC	Community ended exercise play	
1157	PO	Community ended exercise play	
1157	RO	Community ended exercise play	

SECTION 2. EXECUTIVE SUMMARY/COMMUNITY ANALYSIS

As national core capabilities were incorporated into the National Preparedness Goal (NPG), the Chemical Stockpile Emergency Preparedness Program (CSEPP) has striven to ensure its Emergency Response Outcomes (EROs) are in consonance with this effort. Detailed analyses have shown that the EROs effectively cover each of the core capabilities exercised. This essential alignment has been validated independently. To date, the CSEP Program presents exercise outcomes in the ERO format. The next step is to show the connection of these outcomes within the framework of the core capabilities. All jurisdictions within the Blue Grass community agreed to perform selected core capabilities during this year’s CSEPP exercise as a part of their Extent of Play Agreements. This report reflects the execution of selected core capabilities from the NPG by these entities. Due to the COVID 19 pandemic response actions taken by the Kentucky CSEPP counties in 2020, the execution of many core capabilities was accomplished during their real-world response to the pandemic. The capabilities demonstrated during the pandemic response were captured in each county’s exercise credit narrative, which have been added as an annex to the report.

In support of the core capabilities identified in the NPG, the following graphic displays the Mission Areas and Core Capabilities to which the EROs are aligned.

Mission Areas and Core Capabilities

PREVENTION	PROTECTION	MITIGATION	RESPONSE	RECOVERY
Planning				
Public Information and Warning				
Operational Coordination				
Screening, Search and Detection		Community Resilience	Infrastructure Systems	
Intelligence and Information Sharing		Long-Term Vulnerability Reduction	Environmental Response / Health and Safety	Health and Social Services
Interdiction and Disruption		Risk and Disaster Resilience Assessment	Fatality Management Services	Housing
Forensics and Attribution	Access Control and Identity Verification	Threats and Hazard Identification	Critical Transportation	Economic Recovery
	Physical Protective Measures		Mass Care Services	Natural and Cultural Resources
	Risk Management for Protection Programs and Activities		Mass Search and Rescue Operations	
	Cybersecurity		On-Scene Security, Protection and Law Enforcement	
	Supply Chain Integrity and Security		Operational Communications	
			Logistics and Supply Chain Management	
			Public Health, Healthcare and Medical Services	
			Situational Assessment	
			Fire Management and Suppression	

From the National Preparedness Goal (NPG), Updated: 2015

Emergency Response Outcome 1 – Preparedness

This outcome pertains to the preparedness to respond to a chemical accident at the Army installation, as bounded by the limits of the CSEPP exercise program. It includes the maintenance of coordinated emergency plans, participation in an active exercise program, conduct of comprehensive training programs, maintenance of active public outreach and educational programs, and maintenance of the emergency response physical infrastructure. This outcome includes daily consideration by the Army for the impact of ongoing operations on preparedness, and the exchange of information between the Army and off-post jurisdictions concerning these operations. Beyond the CSEPP exercise program, higher headquarters examines preparedness levels throughout the year during the conduct of inspections, reviews and assistance visits.

Capabilities performed during the exercise and data gathered throughout the year indicate preparedness is properly maintained. On-post emergency plans are coordinated with off-post jurisdictions and distributed to all users. An active joint on-post/off-post exercise program is in place that meets CSEPP guidance. Certification of personnel and their knowledge of position-specific requirements are up to date. Information is distributed and programs are in place to ensure that the public has opportunities to learn about CSEPP emergency preparedness. All components of the CSEPP emergency response physical infrastructure are checked, tested, and maintained on a regular basis. All components of the infrastructure are available and operational.

Each off-post jurisdiction has an all-hazards Emergency Operations Plan and current CSEPP Incident Specific Plans (ISP) in place. Staffing shortfalls in Jackson County continue to have an impact on their planning update efforts. The CSEPP ISPs include planning for access and functional needs members of the community, and people with limited English proficiency (LEP), which are areas of increasing emphasis for the community. Although schools plan for multiple hazards, a potential chemical accident is considered one of the primary planning scenarios. Due to this potential hazard and CSEPP support for community planning, school planning and exercise efforts are vigorous. Eastern Kentucky University has a particularly robust preparedness program, with detailed response plans that are tested regularly.

In addition to the annual full-scale CSEPP exercise, many off-post communities practice joint on-post/off-post coordination through participation in quarterly Chemical Accident/Incident Response and Assistance (CAIRA) exercises. For the off-post communities these are communications-based exercises primarily. They support the ability to make rapid protective action decisions (PADs) and provide an opportunity to conduct more realistic out-of-sequence exercises throughout the year. Additional coordination efforts include active participation in the Blue Grass Community Integrated Process Team (IPT) by all jurisdictions and the Army installation.

The community understands the importance of trained and ready responders. Off-post jurisdictions make full use of Kentucky Division of Emergency Management's (KYEM) training program. Most counties make use of local functions, events, and exercises to train personnel, both paid and volunteer. All jurisdictions maintain training records for their responders and emergency operations center (EOC) staff. Some counties keep copies available in multiple locations and KYEM maintains training records in a statewide database. Many jurisdictions reported pandemic-

related restrictions on in-person training have had an impact in 2020 but are adapting by taking advantage of online distance learning opportunities.

Public outreach is a priority in the community, with all off-post jurisdictions providing informational and educational materials online via websites and social media and at various events and fairs year-round. Counties garner additional support for public outreach through participation in the IPT and the Blue Grass Public Affairs Working Group. Most of the materials distributed include versions for members of the community with LEP.

All jurisdictions test and check equipment regularly, including their critical notification systems. All jurisdictions have access to the WebPuff software system to receive the daily work plan issued by Blue Grass Army Depot (BGAD) and to plan appropriately. For those jurisdictions with PAD responsibilities, an authorized individual is designated and available to evaluate protective action recommendations (PARs) and determine PADs. In counties challenged by staffing issues, plans have been made to ensure that someone with authority is available for decisions.

The *CSEPP ERO Exercise Evaluation Guides* for this ERO are aligned to the following core capabilities:

- Community Resilience
- Critical Transportation
- Environmental Response/Health and Safety
- Infrastructure System
- Logistics and Supply Chain Management
- Operational Communications
- Operational Coordination
- Physical Protective Measures
- Planning
- Public Information and Warning
- Risk Management for Protection Programs
- Situational Assessment

Emergency Response Outcome 2 – Emergency Assessment

This outcome includes all tasks associated with identifying the hazard, classifying and providing notifications of the hazard, providing appropriate PAR to off-site agencies, and coordinating and conducting monitoring and sampling operations to further specify the hazard.

At 0924 the Army completed notification of the off-post communities via the Blue Grass Alert and Notification System (BGANS) that an accident involving GB (Sarin) rockets had occurred at 0920. The initial PAR was to shelter-in-place (SIP) for Madison County Zones, 1C, 2B, and 2C and Estill County zone E1. A subsequent PAR was provided at 0951 to add SIP for zones 1B and E2. Exit shelter PARs were subsequently issued for all affected zones, ending at 1055 for zone E2. One additional BGANS call was received at 1120 confirming that all off-post affected zones should have exited shelter. The Army continued to keep the communities informed as winds shifted.

Kentucky CSEPP communities were able to confirm information in a timely manner and use WebPuff to model the event. Zones in both Madison County and Estill County were impacted and had recommendations to take protective actions. Throughout the event, the BGANS and WebPuff systems worked informing EOCs of the PARs.

The *CSEPP ERO Exercise Evaluation Guides* for this ERO are aligned to the following Core Capabilities:

- Environmental Response/Health and Safety
- Intelligence and Information Sharing
- Operational Communications
- Operational Coordination
- Public Information and Warning
- Screening, Search and Detection
- Situational Assessment
- Threat and Hazards Detection

Emergency Response Outcome 3 – Emergency Management

This outcome includes all top-level decision making, coordination, and direction and control of the response, including activation and operation of EOCs, and coordination at the management level of any activities involving logistical support.

Off-post communities were notified promptly and efficiently by BGAD of the chemical emergency via the BGANS telephone system. BGANS performed reliably throughout the event. All off-post EOCs activated quickly and used automated notification systems to speed staff mobilization and activation. EOCs used state of the art automation systems including WebEOC® and WebPuff to track resources, share information effectively, and predict hazard impacts. Those jurisdictions, who deemed it necessary, issued Declarations of Emergency promptly. All County EOCs observed appropriate staff protection protocols in accordance with the Governor of Kentucky’s pandemic emergency orders. These included the following: use of multiple technology platforms to allow virtual staffing for many EOC positions, social distancing for staff, trusted agents and liaison officers in the EOC, use of personal protective equipment for all personnel in the EOC, and screening protocols prior to admittance for staff arriving at the EOCs.

Off-post EOC managers effectively briefed EOC staff and maintained high levels of situational awareness, including changes in wind direction and PADs. Communications were effective.

The *CSEPP ERO Exercise Evaluation Guides* for this ERO are aligned to the following Core Capabilities:

- Intelligence and Information Sharing
- Logistics and Supply Chain Management
- Operational Communications
- Operational Coordination
- Planning

- Public Information and Warning
- Situational Assessment

Emergency Response Outcome 4 – Hazard Mitigation

This outcome, exercised exclusively on-post, includes all activities related to reporting the event, preserving evidence and records of decisions, and controlling and mitigating the hazard. It does not include any activities at the accident site specifically associated with the survivor and patient care outcome (ERO 6).

The crew safety at the accident site radioed in a timely, clear, complete and accurate initial report to the EOC. The EOC hazard analyst entered the essential elements of information provided from the field into WebPuff to model the hazard. The model indicated a community event notification level. The on-post EOC initiated the off-post notification process meeting the five-minute requirement. EOC communicated the on-post alert, automatically deploying responders to initiate their pre-planned tasks.

On-post responders met their objectives for the exercise before a re-entry to the accident site could be mounted; therefore, further information from the field was unavailable.

The *CSEPP ERO Exercise Evaluation Guides* for this ERO are aligned to the following Core Capabilities:

- Environmental Response/Health and Safety
- Fire Management and Suppression
- Forensics and Attribution
- Mass Search and Rescue Operations
- Operational Coordination
- Public Information and Warning
- Situational Assessment

Emergency Response Outcome 5 – Protection

This outcome includes all activities related to protecting the on-post and off-post populations by making appropriate, timely PARs to the off-post and PADs for on-post; activating alert and notification systems; disseminating protective action messages; providing access control and security; activating and operating response centers/capabilities, care, and shelters; as well as coordination of information with off-post communities.

Once notified of the event by personnel in the field, the on-post hazard analyst modeled the hazard and determined that the hazard put both on and off-post zones at risk. The Army Decision Authority issued a PAD to avoid the area for at risk on-post zones at 0924. The on-post at risk population received notification of the emergency and areas to avoid via multiple modes to include on-post sirens, a public address system, announcements on all nets via radio, Alert! Mass Warning and Notification System, and telephone voice and text messages. The EOC provided hazard plume

projections to help coordinate routes and placement of assets downrange. At 0948 on-post achieved 100% accountability of personnel.

Four PARs were issued to the off-post community as information was received about the accident, and the downwind hazard assessment was refined as weather conditions changed. The affected zones were in Madison and Estill Counties. The initial PAR to SIP for Madison County Zones 1C, 2B, and 2C, and Estill County zone E1 was completed at 0924 via BGANS, meeting the five-minute notification requirement from the accident time of 0920. A revised PAR was provided at 0951 to add SIP for zones 1B and E2. Based on WebPuff modeling, exit shelter PARs were subsequently issued for all affected zones, ending at 1055 for zone E2. The Off-Post Notification Form communicating the PAR of exit SIP did not have the times for the zones to exit. This information was contained in the WebPuff run which was sent and was corrected on the form.

When PARs were received, off-post jurisdictions made appropriate PADs and implemented their alert and notification systems. Systems used include outdoor warning sirens, advisor alert radios, weather radios, automated telephone call-down systems and 800 MHz radios. Jurisdictions have the capability to conduct route alerting, but none were performed during this event. Several jurisdictions used cellular mobile alerting by simulating Integrated Public Alert & Warning System (IPAWS) alerts through the IPAWS closed-loop test lab.

Jurisdictions simulated the dispatch of traffic and access control personnel and equipment to manage expected needs from the on-post event and other concurrent local events and ensured that railroad traffic was controlled.

Due to pandemic health and safety restrictions, no protective measures for schools or other special facilities activities were conducted for this exercise, and no field activities were conducted. Establishment of decontamination and mass shelter facilities was simulated.

The *CSEPP ERO Exercise Evaluation Guides* for this ERO are aligned to the following Core Capabilities:

- Critical Transportation
- Environmental Response/Health and Safety
- Intelligence and Information Sharing
- Mass Care Services
- On-scene Security, Protection, and Law Enforcement
- Operational Communications
- Operational Coordination
- Physical Protective Measures
- Planning
- Public Information and Warning
- Situational Assessment
- Threat and Hazards Identification

Emergency Response Outcome 6 – Survivor and Patient Care

This outcome includes all activities related to treating on-post contaminated casualties at the accident site and installation; screening, treating, and decontaminating off-post patient survivors; patient transport; treatment at off-post medical facilities; patient tracking; and handling and tracking disposition of human remains.

On post, two patients were identified. One ambulatory patient presented with exposure to nerve agent. A second patient (simulated by a manikin) presented with exposure to nerve agent and chest pain, the combination of which rendered him non-ambulatory. Life-saving self-aid, buddy-aid, and first-aid were provided in a timely fashion at the incident scene by non-medical first responders. The non-ambulatory patient was stabilized by litter straps to a backboard in the field, and safely transported to the personnel decontamination station set up within the Chemical Limited Area. Both patients were decontaminated promptly, and quadrant monitored to show freedom from contamination before transport to the Forward Aid Station (FAS). Ongoing care and continuous supervision were provided to both patients by medical personnel. The patient with chest pain and chemical agent exposure was monitored but wore the same M40 mask throughout the entire process until arriving at the FAS. At the FAS, the patients received appropriate monitoring, assessment, and care prior to being transported off-post by ambulance notionally to Baptist Health Richmond. The medical personnel were adequately staffed and prepared to participate during the exercise which was an improvement from previous exercises. The 2020 exercise medical objectives were met, and past CSEPP and CAIRA findings and observations were demonstrated and cleared.

Due to the extreme hardship of the COVID-19 pandemic and the uncertainty of their ability to participate in the 2020 Blue Grass Community CSEPP Exercise, 12 community hospitals were granted exercise credit for their response to COVID-19 in lieu of participation. Hospital exercise credit After Action Reports (AARs) are included as an Annex to the report. The AARs also included the identification of strengths and opportunities for improvement and prioritized corrective actions.

Hospitals reported being better prepared in their response to the COVID-19 pandemic because of their experience and involvement in CSEPP. In general, hospital response to the pandemic was similar in many ways to the hospital response of a community event from the BGAD, requiring many of the same skills, tools, communication channels, and a heavy reliance on interagency coordination. However, there were also unique challenges and lessons learned in the response to the COVID-19 pandemic that will strengthen future emergency response. CSEPP benefits from the knowledge that if an actual CSEPP community response was necessary, hospitals validated their capability through their response to this prolonged real-world event.

The *CSEPP ERO Exercise Evaluation Guides* for this ERO are aligned to the following Core Capabilities:

- Critical Transportation
- Environmental Response/Health and Safety
- Operational Communications
- Operational Coordination

- Public Health, Healthcare, and Emergency Medical Services
- Public Information and Warning

Emergency Response Outcome 7 – Emergency Public Information

This outcome includes all tasks related to dissemination of public health and safety information following the initial alert and notification. It includes operation of a Joint Information System, dissemination of information to the media from individual EOCs, staffing and operation of a Joint Information Center (JIC), and dissemination of information to the media and the public from the JIC.

The BGCA Public Affairs Officer (PAO) issued two press releases during the exercise. Both press releases had release numbers and notations of “current as of:” times. The identifying entries makes it easy to keep the press releases in proper order and explain changes in the information as better data becomes available. The PAO provided information to the offices of Senator McConnell, Senator Paul, Congressman Barr and the Governor’s Press Secretary two times about the event.

Three counties (Estill, Fayette and Garrard) participated in evaluated Public Affairs play during BG Ex 20. The Estill County Public Information Officer (PIO) worked remotely, while the Fayette and Garrard County PIOs worked from their normal duty locations. Regardless of the location, the PIOs were required to use technology to communicate with EOC staff, outside agencies and community stakeholders.

All three PIOs took advantage of the opportunity to do remote interviews with mock media reporters. During a pandemic, and with teleworking requirements, this skill will be essential in an actual event. All the PIOs delivered good information and additional drills with the technology is encouraging.

Social media was used during the exercise and monitoring occurred to respond to community questions. There was inadequate traditional media monitoring, and at least one alarming radio story was aired on the Exercise Training Network (ETN, a closed loop network) that should have solicited a PIO response. As social media use increases to respond to rumors and misinformation, this exercise demonstrated the need to continue traditional media monitoring

In two counties, Facebook is the primary social media channel used to communicate with the public. Twitter is widely used during emergencies, and monitoring of all social media channels should be done to ensure misinformation is corrected. The use of an incident hashtag would be beneficial to track the community conversations about the emergency.

Emergency Alert System (EAS) messages continue to be distributed but follow up news releases that contain more detailed information should be issued. Ensuring consistent messaging from EAS messages, news releases, and social media posts should be emphasized to reduce community confusion.

County PIOs should review their procedures for following up on IPAWS messages. It is recommended that social media posts and news releases be issued to reinforce IPAWS messaging. The same message on multiple communications channels could lessen “milling” time or the time residents take to confirm the information and act.

The three county PIOs should be commended for adapting to challenging times in staying in contact with personnel from remote locations, using technology to stay connected with stakeholders and most importantly, getting the right information to the right people at the right time.

The *CSEPP ERO Exercise Evaluation Guides* for this ERO are aligned to the following Core Capabilities:

- Operational Communications
- Public Information and Warning

Emergency Response Outcome 8 – Remediation and Recovery

This outcome includes all tasks associated with the immediate post-emergency period, extending to approximately 48 hours after the event. These tasks are intended to tie in with the existing response-phase evaluation guides in ERO 1-7.

In June 2020, BGAD, BGCA and BGCAPP conducted a CAIRA exercise which included the USEPA, Regional Response Team, Madison County and KDEP that focused on further developing and coordinating the on-post plans beyond the first operational period.

The Off-Post community did not exercise this ERO.

The *CSEPP ERO Exercise Evaluation Guides* for this ERO are aligned to the following Core Capabilities:

- Access Control and Identify Verification
- Economic Recovery
- Environmental Response/Health and Safety
- Housing
- Logistics and Supply Chain Management
- Mass Care Services
- Operational Coordination
- Planning
- Public Information and Warning

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SECTION 3. JURISDICTIONAL ANALYSES

BLUE GRASS ARMY DEPOT (BG)

Emergency Response Outcome 1 – Preparedness

This outcome pertains to the preparedness to respond to a chemical accident at the Blue Grass Army Depot (BGAD), as bounded by the limits of the Chemical Stockpile Emergency Preparedness Program (CSEPP) exercise program. It includes the maintenance of coordinated emergency plans, participation in an active exercise program, conduct of comprehensive training programs, maintenance of active public outreach and educational programs, and maintenance of the emergency response physical infrastructure. This outcome also includes daily consideration by BGAD for the impact of ongoing operations on preparedness, and the exchange of information between the Army and off-post jurisdictions concerning these operations. Beyond the CSEPP exercise program, higher headquarters examines preparedness levels throughout the year during the conduct of inspections, reviews and assistance visits.

Both the on-post and off-post communities went to great lengths to plan and conduct this exercise, demonstrating continued maximum preparedness while in the midst of the COVID-19 pandemic. The scope of the exercise and some objectives were reduced to maximize COVID prevention. Minimizing potential exposures on post was emphasized, and protective measures were taken. These include: 100% wear of cloth masks throughout the entire exercise, limiting the number of personnel in the Emergency Operations Center (EOC) and Forward Command Post (FCP), having some workstations working remotely, and having BGAD security conduct temperature screening for all personnel entering the EOC. The EOC demonstrated its capacity to conduct a full-scale response to a chemical event with limited personnel in the EOC. The new BGAD and BGCA commanders each received training and hands on practice during recent spokesperson training.

The on post conducted an externally evaluated pre-operational survey prior to a rocket fuse removal operation earlier this summer. This demonstrated to the evaluation team the successful conduct of on-post operations and procedures, and the ability to mount a complete response to a chemical event. This pre-operational survey was completed successfully, ahead of schedule.

Coordinated on-post and off-post emergency plans meet National Incident Management System requirements. An active exercise program that meets CSEPP guidance is in place. Personnel certification, training and knowledge of position-specific requirements are up to date, and personnel training is ongoing. Public information materials are available, and programs are in place to ensure the public has opportunities to learn about CSEPP. All components of the CSEPP emergency response physical infrastructure are checked, tested, maintained, available, and operational. Installation staff considers the impact of scheduled operations daily and exchanges information with off-post jurisdictions. BGAD and Blue Grass Chemical Agent-destruction Pilot Plant (BGCAPP) have multiple exercises each month between the EOC and Control Room (CON). The BGAD EOC and Madison County EOC exercise together several times a year in addition to the quarterly Chemical Accident/Incident Response and Assistance (CAIRA) and annual CSEPP exercises.

Field

Field elements are staffed, certified, equipped, and ready for rapid response to a chemical event and to evacuate and care for injured personnel.

The CSEPP Emergency Response Outcome Exercise Evaluation Guides for this Emergency Response Outcomes (ERO) are aligned to the following Core Capabilities:

- Planning
- Operational Coordination
- Public Information and Warning
- Physical Protective Measures
- Operational Communication

Emergency Response Outcome 2 – Emergency Assessment

This outcome includes all tasks associated with identifying the hazard, classifying and providing notifications of the hazard, and providing appropriate protective action recommendations (PAR) to off-site agencies, and coordinating and conducting monitoring and sampling operations to further specify the hazard.

Emergency Operations Center (EOC)

At 0920, an explosion of GB M55 rockets occurred in the Chemical Limited Area (CLA). Initial reports from the field were timely, correct and properly indicated there was an explosion outside of the storage structure involving GB rockets, agent was released, and there was no fire. The needed essential elements of information were available for the hazard analysis process. Hazard Analysts (HAs) declared an event in WebPuff and ran the hazard analysis model using the Maximum Credible Event of two rockets exploding and 13 leaking. They identified on-post and off-post areas at risk and declared a *community emergency*. At 0924, notification was completed to the required off-post 24-hour warning points with protective action recommendation (PAR)s to shelter zones 1C, 2B, and 2C in Madison County, and E1 in Estill County. The initial on-post protective action decision (PAD) was to avoid zones E, EM, J, L, M, and the CLA.

The WebPuff model continued to be revised based on updated information. A slight wind shift caused zones 1B and E2 to be affected, and the off post was given a shelter PAR via the Blue Grass Alert and Notification System (BGANS) at 0951. A BGANS call at 1012 included PARs of exit shelter for 1B, 1C, 2B, and 2C. A BGANS call at 1034 included PARs of exit shelter for E1 and E2. A BGANS call at 1122 reported no significant change.

The HAs continued to receive, confirm, and analyze information about the accident and develop hazard assessments. Projected at-risk area plots were used to develop PARs and PADs. The HAs maintained regular communication with the off-post jurisdictions. Monitoring teams were deployed safely to appropriate locations.

The two new commanders had received training on hazard analysis for decision makers and had good conversations with the HAs about the meaning of the hazard analysis products and the recommended PARs.

Field

Monitoring personnel used WebPuff predictions to guide real-time analytical platform (RTAP) deployment. Field monitoring equipment was operational and ready for deployment. Effective communication was maintained among field teams, the FCP, the EOC monitoring coordinators and HAs.

Observation

Subject: Provide a Timely and Accurate Exit Shelter Recommendation

Discussion: WebPuff provided initial exit shelter times starting at 1004 through 1012. The HA was tracking these times and began working up an Off-Post Notification (OPN) form at 0955. Exit shelter recommendations were given to the off post at 1000, but no times were given for the zones. This could have been interpreted by the off post that the recommendation was active immediately and resulted in people being released from shelter into a chemical hazard. The HA caught this issue and made the proper corrections. All following exit shelter recommendations (E1 and E2) were timely and included recommended times. The Letter of Instruction (LOI) 31 does not include guidance for including times with Exit Shelter on the OPN form.

Reference: DETech, Exit Shelter Times for the Outside M55 Rocket 2 &13 Scenario – Short Topic #165, June 30, 2019, EOC LOI 12

Recommendation: Ensure that the OPN form is properly documented to include times when issuing exit shelter. Also, the Off-Post Coordinator should perform quality checks before providing information to the public. Modify LOI 31 to instruct the issue of times for exiting shelter in each zone. This will assist the HA and Off-Post Coordinator.

The *CSEPP Emergency Response Outcome Exercise Evaluation Guides* for this Emergency Response Outcome are aligned to the following Core Capabilities:

- Environmental Response/Health and Safety
- Situational Awareness
- Public Information and Warning
- Operational Coordination
- Screening Search and Detection

Emergency Response Outcome 3 – Emergency Management

This outcome includes all top-level decision making, coordination, and direction and control of the response, including activation and operation of EOCs; and coordination at the management level of any activities involving logistical support.

The on-post EOC meets or exceeds minimum staffing requirements with a cadre of fully qualified EOC technicians to keep the watch 24-hours per day, 365-days per year. These professionals are trained in making hazard assessments and given PAR/PAD authority to provide PARs to the off-post 24-hour warning points.

The on-post EOC ramped up to a fully operational status with a pre-arranged limited in-person staffing level due to COVID-19 precautions. A new COVID-19 screening process slowed entry into the EOC, but EOC staff quickly staffed their workstations, adjusted to the new staffing level and new senior leadership dynamic. Leadership in the EOC quickly established command and control. Staff completed notifications to higher headquarters. Responders and leadership rapidly grasped the situation, executed a host of tasks and developed appropriate plans. Logistical requirements were identified early to include any need for personnel, equipment and supplies.

While both Depot and Chemical Activity commanders had taken command earlier this summer, and were relatively new to this EOC, it was clear that they were no strangers to operations centers. They listened intently, asked the right questions, and remained actively engaged throughout the exercise. Commanders did an excellent job of communicating with all sections of the EOC during the exercise. The incident commander was actively involved in requesting information about accountability of personnel from BGCAPP, adding information to the press releases and the outcomes from the re-entry plan including the status of the surety material after re-entry was performed.

BGCAPP's Management Advisory Team (MAT) started their call down list at roughly 0925. A conference call for the MAT was established at 0927. By 0932, the MAT had an open line of communications with the Control Room (CON).

Observation

Subject: EOC - CON Communications

Discussion: BGCAPP Main Plant's CON communications was limited with the BGAD EOC via the red phone during this exercise. During the exercise, the Main Plant CON was notified of the following: initial call of agent event at BGCA at 0921, exit shelter and evacuate at 0959, Medical update on BGCAPP casualty at 1114 and last was EndEx at 1157. BGCAPP's Main Plant CON made one red phone call at 0925 and was directed from the BGAD EOC that they would call us when they had information. Information that was being provided to the BGCAPP Liaison at the BGCA EOC was not always being provided by the BGAD EOC to the Main Plant CON via the red phone until one update at 1114. Most of the information the Main Plant CON received was from monitoring the radio net.

Other information, e.g., the ALERT! messages and plume data, was very good, timely and accurate.

Reference: CAIRA Plan; Annex W (BGCAPP CAIRA Response) (20 February 2020), (BGCAPP) Emergency Response Plan 24915-00-G01-GHX-0004, and BGCAPP Emergency

Response Procedure- BGCAPP 24915-GEN-5PR-00-00018, Appendix A – EOC Emergency Notifications to BGCAPP, Section 3 – Follow-up Actions

Recommendation: Provide a process in the CAIRA Plan with parallel communications with the BGCAPP Liaison (at BGCA EOC) and Main Plant CON via the red phone.

The Exercise Evaluation Guides for this Emergency Response Outcome are aligned to the following Core Capabilities:

- Operational Coordination
- Logistics and Supply Chain Management
- Planning

Emergency Response Outcome 4 – Hazard Mitigation

This outcome, exercised exclusively on post, includes all activities related to reporting the event, preserving evidence and records of decisions, and controlling and mitigating the hazard. It does not include activities at the accident site associated with the survivor and patient care outcome (ERO 6).

Emergency Operations Center (EOC)

Conditions at the accident site were recorded as information was received in the EOC. The EOC hazard analyst entered the essential elements of information provided from the field into WebPuff to model the hazard. The model indicated a community event notification level. The on-post EOC initiated the off-post notification process meeting the five-minute requirement by completing the required elements for the notification by 0925. The EOC communicated the on-post alert, deploying responders to initiate their pre-planned tasks automatically.

Field

Prior to the exercise, security successfully executed a newly implemented communication procedure related to an exercise safety protocol. Also prior to StartEx, a safety brief was held at the Personnel Support Facility. One RTAP operator missed the brief and was not back-briefed later. When the EONC was called forward, the driver and co-driver were given an in-depth safety brief, covering all hazards for the operational day. Actions taken were calculated and deliberate. It was made clear that they would not rush to failure.

The accident occurred at 0920. The scenario was a forklift malfunction with one rocket exploding and extensive damage to the pallet and other munitions. One crew member and one EONC driver received chemical agent exposure. Both showed signs of nerve agent exposure. The EONC driver experienced severe chest pains and became non-ambulatory.

The safety crew at the accident site radioed a clear, complete and accurate initial report of the event to the EOC. The crew initiated and continued self and buddy aid. The self-aid, buddy-aid and first aid were appropriate to the situation. Prior to evacuating the accident site, crew members closed the igloo door and vent, while other crew members turned on the 1,000 Cubic Feet Per Minute (CFM) filtration system that had been set up and attached to the rear igloo vent prior to starting

the operation. Personnel from the site, to include the BGCAPP EONC drivers and seal testers, departed the area at 0924, traveling to the Personnel Decontamination Station (PDS) hot line within the CLA.

The PDS is set up prior to conducting operations and the decontamination crew responded to and fully staffed the PDS immediately upon notification of a chemical event. Security maintained the cordon and established an overwatch of the accident site. At 0928 personnel were received, triaged and decontaminated at the PDS hotline. The decontamination site crew lead did a good job of controlling movement from the decontamination trailer into the monitoring trailer. This allowed consistent flow of personnel to exit the CLA and be evaluated at the Forward Aid Station (FAS). The Decontamination Site Lead attentively shifted Decontamination Team Members from the ambulatory side to assist with the priority processing and decontamination of the non-ambulatory patient. A paramedic was called forward to the hot side to help with one of the patients, which is acceptable for life safety situations, The medic did not get monitored as he followed the patient from the hot side through to the ambulance. There were some minor setup issues at the hotline that need to be worked out in the standing operating procedure (SOP), to include placement of the boot puller and its proximity to the decontamination trailer. The drum lids should be placed so that they are readily available to button up the site when the decontamination team departs the area to rehab and prepare to support the re-entry team. As with any process, the decontamination site set up is constantly being improved as newer and better equipment and ideas are incorporated to improve safety, quality and efficiency.

Once processed through the PDS line and cleared through the monitoring trailer by the RTAP team, the patients were taken out of the CLA to the ambulance waiting to transport them to the FAS. The ambulance experienced no undue security delays in getting the patients transported.

On-post responders met their objectives before the re-entry team entered the accident site, therefore no further information was available from the field

Strength

Subject: CLA Emergency Egress/Ingress

Discussion: Security was notified approximately 3 minutes in advance that an ambulance with three passengers was approaching their gate for an emergency response. Security immediately began preparation to receive and assist the ambulance without delay. Security personnel had radio communication, and additional security guards ready to maintain sally port control. Both ingress and egress went very smoothly without any time delays

Reference: Directorate of Emergency Services (DES) Special Order Papa 33.

Recommendation: Continue joint exercises with medical services and chemical crews on emergency ingress/egress during an event that would require this action.

Observation

Subject: Decontamination Procedures for Ambulatory Personnel

Discussion: Ambulatory personnel processed through the decontamination site were unable to follow the proper steps after the removal of their boots. The SOP states, remove boot closest to the ramp of the trailer, put socked foot onto the trailer ramp. The distance between the boot puller and the trailer was approximately 10 feet.

Reference: SOP BT-0000-M-501, Personnel Decontamination, Operation 1, Site Set-Up Ambulatory lane, 3a; and Decontamination Procedures for Ambulatory Personnel, 3. Remove Chemical Gear, 3b

Recommendation: Review and retrain PDS personnel on personnel decontamination procedures and chemical protective clothing in the CLA. Also, look at relocating the boot puller so it is closer to personnel, so they do not lose their balance during the boot removal process.

Observation

Subject: Partial Shutdown of the Decontamination Site

Discussion: After Accident Site personnel processed through the decontamination site, the crew decontaminated themselves. The contaminated clothing was placed into drums, but the drums were not covered. The lids need to be placed on the drums.

Reference: SOP BT-0000-M-501, Personnel Decontamination, Operation 6, Decontamination Site Close Out Procedures, Partial Shutdown of Decontamination Site (Standby Condition) 1. (1a.)

Recommendation: Review and retrain PDS personnel on the requirement for Partial Shutdown of the decontamination site and ensure that the Decontamination Site Crew Lead conducts a final check and forwards the decontamination site status to the FCP Officer or representative.

Observation

Subject: Contamination Avoidance

Discussion: The non-ambulatory manikin patient was wearing an M40 mask from the accident site until arrival at the FAS, resulting in a cross-contamination issue. Although exercise artificiality and an approved simulation may have contributed to this oversight, actions should have been taken to address the issue prior to leaving the CLA. This could have resulted in potential spread of contamination past CLA boundaries. Communication did not occur with the cold side and ground paramedic to ensure the patient was cleared to remove the protective mask.

Reference: ATP 3-11.41/MCRP 3-37.2C/NTTP 3-11.24/AFTTP 3-2.37

Recommendation: Ensure all information regarding patient has been shared during the hand off for transport to the FAS.

Observation

Subject: VISCOM Board Lights

Discussion: During personnel quadrant monitoring inside the monitoring trailer, there were several times when the RTAP operator forgot to switch/change lights on the VISCOM board that lights up inside the trailer. This is how the RTAP operator communicates to the individuals being monitored to let them know what step in the monitoring process to complete. This caused confusion and altered monitoring by the personnel being cleared to exit the CLA.

Reference: LOI 11, CAIRA Monitoring, 3. Monitoring Operations at the Decontamination Site, a. Quadrant Monitoring, 1-6

Recommendation: Review and retrain all RTAP personnel on CAIRA monitoring procedures as it applies to the monitoring trailer

The *CSEPP Emergency Response Outcome Exercise Evaluation Guides* for this ERO are aligned to the following Core Capabilities:

- Operational Coordination
- Logistics and Supply Chain Management
- Planning
- Operational Communication
- Fire Management and Suppression or Public and Private Services and Resources
- Environmental Response/Health and Safety
- Forensics and Attribution
- Screening, Search and Detection

Emergency Response Outcome 5 – Protection

This outcome includes all activities related to protecting the on-post and off-post populations by making appropriate, timely PARs to the off post and PADs for on post; activating alert and notification systems; disseminating protective action messages; providing access control and security; activating and operating response centers/capabilities, care, and shelters; as well as coordination of information with off-post communities.

Emergency Operations Center (EOC)

To protect the at-risk populations located on post, notification of a chemical event was made via multiple notification systems (sirens, Public Address (PA) system, radio and the ALERT! Mass Warning and Notification System). The sirens, PA and radio notification of the event went out within a few minutes, which prompted at-risk personnel (i.e. in the CLA) to take protective actions such as masking, avoiding the area, or sheltering. Four off-post zones received PARs which were communicated telephonically via BGANS and via WebPuff to off-post EOCs. This notification was made to the affected off-post authorities by 0925, meeting the 5-minute notification requirement. The ALERT! Notification System, which disseminates information by sending text messages and making phone calls, went out to Depot and BGCAPP personnel at 0921 and 0923 respectively. The Army decision authority issued the PAD for the on-post zones at 0924 and the information was disseminated quickly via multiple communication channels. BGCAPP's site agent alarm was activated immediately when direction was received from the BGAD EOC via the red phone.

A total of four PARs were issued to the off-post community as information about the downwind hazard assessment was refined. The initial PAR to shelter-in-place (SIP) in zones 1C, 2B, 2C and E1 was provided at 0924 via BGANS. A revised PAR was provided at 0951 to add zones 1B and E2. At 1012 to exit shelter recommendations were given for zones 1B, 1C, 2B, and 2C. The on-post PAD was issued at 0924 and BGCAPP personnel were instructed to SIP. Based on WebPuff modeling, exit shelter recommendations were subsequently issued for all affected off-post zones.

The on-post population reported 100% accountability at the EOC "accountability desk" at 0948. The BGAD accountability includes BGCAPP and CLA accountabilities. This is a simulated accountability as the Depot and a portion of the BGCAPP workforce were not participating in the exercise. Security experienced some issues achieving and maintaining accountability mainly due tracking who and which areas were participating in the exercise, especially within the BGCAPP portion of the CLA.

The BGAD legal advisor was proactive in coordinating with Fort Knox, and BGAD Civilian Personnel Advisory Center about on-post logistics and off post in preparing for and establishing a claims office.

Strength

Subject: Pre-Exercise Communication Procedures

Discussion: New communication procedures related to safety were implemented prior to the exercise and executed prior to StartEx. In previous exercises the procedure was a challenge to implement resulting in confusion. This could result in an unsafe situation. The new procedures have resulted in improved coordination and efficiency in completing this task prior to the exercise.

Reference: Directorate of Emergency Services Special Order Desk Sergeant Net Control

Recommendation: Ensure this procedure is documented and implemented as best practice moving forward

Status of Previous Findings

❖ Previous Finding Number: BG19.5.1

Subject: Two Medics Were Unprepared to Participate Fully in the Exercise.

Resolved: Yes

The *CSEPP Emergency Response Outcome Exercise Evaluation Guides* for this ERO are aligned to the following Core Capabilities:

- Situational Assessment
- Public Information and Warning
- On-Scene Security and Protection
- Critical Transportation
- Operational Coordination
- Health and Social Services
- Economic Recovery

Emergency Response Outcome 6 – Survivor and Patient Care

This outcome includes activities related to treating on-post contaminated casualties at the accident site and installation; screening and treating off-post survivors; patient transport; treatment, at off-post medical facilities; patient tracking; and handling and tracking disposition of human remains.

BGCA trains personnel that work with and around the chemical munitions to initiate and provide both self and buddy aid that they perform until an injured individual can be handed over to full time professional emergency responders with higher medical training. BGAD is supported by an Occupational Health Clinic (OHC), subordinate to Ireland Army Health Center at Fort Knox, KY. The clinic staff comprises a complement of the MRT to include paramedics, nurses, and physician assistants. The assigned physician is the appointed Medical Response Team (MRT) Leader and Emergency Medical Support Coordinator for CAIRA. An ongoing issue has been staffing gaps and turnover. This year, the clinic was staffed fully. Though more than half of the staff were new, they were ready to participate in the exercise, to demonstrate their knowledge, and to learn the processes.

A simulated chemical accident occurred at 0920. The MRT responded with ambulances and equipment to the hotline and to the FAS. Additional medical augmentation was requested via the EOC within the first half hour of the event.

Two injured chemical workers were identified at the accident site. One presented with exposure to nerve agent and was ambulatory. The second presented with exposure to nerve agent and chest pain. The combination of which rendered him non-ambulatory. Life-saving self-aid, buddy-aid,

and first-aid were provided in a timely fashion at the incident scene by non-medical first responders. The non-ambulatory patient was stabilized by litter straps to backboards in the field and transported safely to the decontamination station within the CLA. The patients were decontaminated, and quadrant monitored to show freedom from contamination before transport to the FAS. Ongoing care was provided to the patients for nerve agent injury. The patient (manikin) with chest pain and chemical agent exposure was monitored but wore the same M40 mask throughout until arriving at the FAS. The ambulatory patient was properly decontaminated and stabilized. Both patients were supervised continuously by medical personnel. At the FAS the patients received appropriate monitoring, assessment and care. Both patients were transported off post by ambulances notionally to Baptist Health Richmond Hospital. Adequate staffing and preparation allowed medical personnel to participate during the exercise. The medical objectives were met. Past CSEPP and CAIRA findings and observations were demonstrated and cleared.

The new decontamination trailer and setup seemed to reduce the noise level in the decontamination area. Initial communication across the hotline was an issue when the crew arrived from the accident site and the hot side decontamination personnel (wearing of M40 masks was simulated) had to yell multiple times to request assistance on the hot side. The decontamination team lead corrected this by ensuring that an individual on the cold side remained available to receive and relay information from the hot side.

Observation

Subject: Contamination Avoidance at the Decontamination Site

Discussion: During decontamination operations, a medic crossed the hotline to check on an exposed ambulatory patient that had finished decontamination. The medic, patient, and one other individual entered the monitoring trailer for quadrant monitoring. The other individual and patient conducted proper quadrant monitoring of themselves. Once cleared by the RTAP; the other individual, patient, and medic exited the monitoring trailer on the cold side. The medic was never a part of the quadrant monitoring process, and therefore was never monitored clear for exit.

Reference: LOI 11, CAIRA Monitoring, 3. Monitoring Operations at the Decon Site, a. Quadrant Monitoring, (1) SOP BT-0000-M-501, Personnel Decontamination, Monitoring Procedures for all personnel, 1a, and Appendix D.

Recommendation: Review and retrain all medical personnel, both new and old, on proper quadrant monitoring procedures and processes that prevent cross contamination.

Status of Previous Findings

❖ Previous Finding Number: BG19.6.1

Subject: Victims Left Unattended.

Resolved: Yes.

The *CSEPP Emergency Response Outcome Exercise Evaluation Guides* for this Emergency Response Outcome are aligned to the following Core Capabilities:

- Critical Transportation
- Environmental Response/Health and Safety
- Fatality Management Services
- Mass Search and Rescue Operations
- Operational Communications
- Public Health and Medical Services

Emergency Response Outcome 7 – Emergency Public Information

This outcome includes all tasks related to dissemination of public health and safety information following the initial alert and notification. It includes operation of a Joint Information System, dissemination of information to the media from individual EOCs, staffing and operation of a Joint Information Center (JIC), and dissemination of information to the media and the public from the JIC.

Two BGCA public affairs officers (PAOs) supported the public affairs function. The public affairs staff made notifications to higher headquarters and public officials' offices, developed and distributed news releases, answered questions from the media. The PAOs were familiar with their crisis communication roles and provided correct information to the public, interacted with media, and assisted the Depot with messaging. Outgoing notifications were logged on WebPuff. The two new commanders had received spokesperson training and interacted well with the PAOs.

Two news releases were developed, approved and sent during the exercise. The approval process for news releases was faster than in past exercises. The news releases were numbered and time stamped. The first news release, issued at 0943, simply stated that during routine operations an explosion involving GB rockets occurred, highly trained personnel are responding, and additional information will be provided as soon as it is available. Madison County Emergency Management Agency, state and local officials have been notified and referred residents to Madison County for protective actions. All personnel, including two injured, were accounted for after the second release at 1115. A reporter called requesting access to the accident site for a drone fly over, the request was denied because the airspace was restricted. The reporter was provided with an up-to-date and correct press release. The availability of a press release that is factual and informative was an efficient tool when coordinating with the news media. The JIC simulated activating at 0935.

The PAO team did a good job handling multiple responsibilities: generating news releases, interacting with command staff, and answering phone calls. Having the news releases available to call takers, so they have immediate access to accurate and approved information for release helped save time in passing information to the media.

BGAD incorporated Mission Areas and Core Capabilities into their XPA. The following Mission Areas and Core Capabilities were exercised:

- Situational Assessment
- Operational Coordination

Emergency Response Outcome 8 – Remediation and Recovery

This outcome includes all tasks associated with the immediate post-emergency period, extending to approximately 48 hours after the event. These tasks are intended to tie-in with the existing response-phase evaluation guides in ERO 1-7.

In June 2020, BGAD, BGCA and BGCAPP conducted a CAIRA exercise which included the USEPA, Regional Response Team, Madison County and KDEP that focused on further developing and coordinating the on-post plans beyond the first operational period.

BGAD incorporated Mission Areas and Core Capabilities into their exercise program. The following Mission Areas and Core Capabilities were exercised this year:

- Operational Coordination
- Environmental Response/Health and Safety
- Public Information and Warning
- Economic Recovery
- Screening, Search and Detection
- Health and Social Services

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MADISON COUNTY (MC)

2020 presented a multitude of challenges related to the COVID-19 pandemic. Like many counties both within the Commonwealth of Kentucky and around the country, the Chemical Stockpile Emergency Preparedness Program (CSEPP) counties continue to sustain a prolonged emergency response to manage this ever-changing crisis.

The Centers for Disease Control and the American Red Cross (ARC) determined that congregate sheltering will be performed only in extreme emergency situations and provided a framework for non-congregate sheltering to be used during this time. The Lexington Chapter of the ARC determined that they will not support congregate sheltering exercises during the pandemic. For these reasons, it was decided to remove all sheltering and reception sites from the 2020 exercise.

Social distancing rules remain active within the Commonwealth. A minimum of six feet of spacing is required between personnel. The use of personal protective equipment, hand sanitizer and temperature checks are strongly encouraged. The Kentucky Department for Public Health issued a travel advisory on July 20, 2020 which remained in effect at the time of the exercise. The travel advisory recommends a 14-day self-quarantine for travelers from eight states. Many of the personnel who were scheduled to support the exercise reside in these states.

These factors prevented an in-person, full-scale exercise from being conducted. Only the Emergency Operations Centers in each county were exercised.

During the pandemic, Madison County Public Safety personnel deployed decontamination assets (tent systems) to support COVID-19 testing. In addition, personnel conducted multiple donning and doffing activities of Level C PPE. This activity clearly shows capability for the majority of decontamination requirements.

The Madison County school system closed schools at the beginning of the pandemic. Madison County postponed the school exercises to coincide with the March 2021 CAIRA exercise.

Eastern Kentucky University submitted a request for exercise credit based on its response to the COVID-19 pandemic. They were able to draw close parallels between their actions in response to the pandemic and their would-be actions in a CSEPP event. Notably many of the actions they are now performing directly parallel the reentry and recovery actions they would expect in a CSEPP event. Credit was approved and they were not evaluated during the exercise in September.

The Madison County Public Information system has been heavily engaged in communicating with the public throughout the response. Coordination of messaging and maintaining public awareness is the hallmark of any good Public Information / Joint Information System. After consulting with the on-post exercise Co-Director, Madison County Joint Information Center (JIC) was approved to stand down for this exercise. The JIC did not exercise in September 2020.

The hospitals within the CSEPP footprint have been heavily impacted by the pandemic. In most cases they have exceeded 100 days in emergency operations. The level of critical respiratory illness managed during this event could be on par with what we might expect in a CSEPP event.

Management of patients, staff, and ever-changing logistics are just a few of the challenges they have faced. Baptist Health Richmond (BHR) and Saint Joseph Berea (SJB) were approved for exercise credit but did not participate in the exercise in September 2020.

Emergency Response Outcome 1 – Preparedness

Madison County’s emergency plans related to the possibility of a chemical accident/incident (CAI) are current, coordinated, and available where needed. The most recent update of the Madison County Emergency Operations Plan (EOP) is dated August 2020. Madison County has an Incident Specific Plan (ISP) for CSEPP dated December 2018. The ISP is specific to a chemical accident/incident at the Blue Grass Army Depot (BGAD). Additionally, as of March 2020, Madison County has updated their Pandemic Plan. All plans are consistent with CSEPP policy and guidance as well as the National Incident Management System (NIMS). Plans are written to address the needs of those with access and functional needs and for those with limited English proficiency. A percentage of Adviser Alert Radios are equipped with Spanish language inserts and with strobe lights and shakers to serve this population. Madison County developed an Exit Shelter-in-Place (SIP) Decision Tree Matrix based on the type of agent released during a chemical accident/incident to speed the decision process for accident/incidents involving chemical agents. They also have a school specific version of this matrix as well as one for all other facilities.

Madison County maintains an active exercise program and participates regularly in joint community exercises and drills. Madison County participated in all the Chemical Accident/Incident Response and Assistance (CAIRA) exercises with Blue Grass Chemical Activity (BGCA). The Madison County Training & Exercise Officer now participates in the CAIRA exercise planning meetings. Madison County has participated in other locally designed exercises to ensure their preparedness and response capabilities are kept current and that the community is prepared fully each year for the full-scale CSEPP exercise. These include workshops on CSEPP EOC checklists and reception center reunification for SafeSchools, EOC tabletop exercises, a communications exercise with Kentucky Division of Emergency Management (KYEM), as well as participating in the Great ShakeOut drill. The Joint Information Center (JIC), which is mainly staffed by volunteers, was unable to participate in a scheduled tabletop exercise due to COVID-19. Madison County incorporates lessons learned from these exercises into their emergency plans and procedures. The CSEPP community Integrated Process Team supports the local exercise program. The Integrated Public Alert and Warning System (IPAWS) is incorporated into their exercises and is used on a recurring basis in Madison County with two live tests per month, required weekly tests, and a monthly test with FEMA. Moreover, Madison County has activated their IPAWS system on multiple occasions for ‘golden alerts’ (senior citizens).

Madison County maintains a community education program for responders. This includes formal and refresher training depending on the individual’s duties and responsibilities. Madison County has trained approximately 577 first responders and first receivers during 2020 which, due to COVID-19, is significantly less than the previous year (which includes CSEPP-specific training). All training is consistent with NIMS standards, guidelines, procedures and protocols. Individual training records for EOC staff personnel are maintained by the Madison County Deputy Emergency Management Director for Operations. Other responder and receiver records are

maintained by the individual department/agency. Madison County has had training opportunities affected by the COVID-19 pandemic. This includes having to cancel or postpone all-hazards training, public information classes/courses, and other required 'hands-on' training. The EOC staff and others have taken the opportunity to take web-based training and FEMA independent study courses to help with their preparedness and response capabilities. Hospital staff training is conducted, on occasion, online using the Learning Management System technologies.

Madison County has a robust public outreach and public information program. Materials are distributed to inform the public about CSEPP emergency preparedness. Madison County provides public outreach and information about CSEPP and other all-hazards information at public events as well as providing handout materials, public service announcements, displays and other information to increase the level of protective action knowledge in the community. From last year's CSEPP exercise through March of this year, some of the focus of this information was to inform the community about testing of sirens, indoor alert systems, and their use in exercises and during actual emergencies. Some of the outreach opportunities include advertisements in local newspapers, radio ads, local-area school sports programs and face-to-face outreach at public events with residents. Due to the COVID pandemic, Madison County has increased the number of radio spots and they have done numerous interviews with local media discussing both COVID-related and non-COVID related topics. Madison County also provides social media outreach with Facebook and maintains an Emergency Management Agency (EMA) Facebook page. Madison County has increased their social media presence by adding both Twitter and Instagram to their capabilities. Annual CSEPP calendars are printed in Spanish and English languages. SIP kits are produced in Spanish language with Spanish language instructions and DVD's, and subtitles. Madison County has also worked with the Civil Rights and Civil Liberties representatives in communicating CSEPP messaging to those in the CSEPP footprint. Finally, the Madison County Emergency Management website has the capability of providing for eight languages, including English, Spanish, Arabic, Chinese, French, German, Italian, and Japanese.

Madison County maintains the CSEPP emergency response equipment in an operational ready status. EOC, JIC and other equipment are tested on a regular basis. They conduct regular checks (three times per day) on the Blue Grass Alert and Notification System (BGANS), once at each shift. Primary and back-up communications include sirens and adviser alert radios, are all checked completely twice per month and tested operationally once per day. The BGCA satellite radio system is tested on a weekly basis. Madison County conducts biannual checks and maintenance services of their JIC generators and conduct a run test once per month. Other generators and light towers are started and checked once per month, as are their collective protective shelters. Their variable message boards are used routinely in the community and checks are done each time the equipment is used. Electronic records of these checks and maintenance services are kept at the county EOC as they move away from paper files.

The Madison County EOC is operational 24-hours per day and serves as the 24-hour warning point for incoming calls from BGCA in case of a CAI on the Depot. Madison County receives a daily work plan through WebPuff and is confirmed via the BGANS phone and the red phone during the Depot workweek; this contains information on the maximum credible event for the daily planned operations and includes meteorological data to ensure decision makers can make the best protective action decision (PAD) for the community. The work plan is discussed with all Madison

County EOC personnel each day. Limiting Conditions of Operations (LCOs) are discussed at the Stand Up Meeting to ensure there are no undue risks to the community, including LCOs from the community's perspective as it relates to the ability to respond to a Depot CAI. WebPuff is used to record this information and a maximum credible event plume plot is sent by BGCA to the Madison County EOC. Decision making authority is available 24-hours per day to maximize the efficient use of time for making a PAD for community protection.

Strength

Subject: Increase in Virtual Capabilities

Discussion: During the site visit, the Emergency Management Director stated they had increased their virtual presence in both their operations and in their social media. The increased virtual presence in operations was the addition of a Madison County CSEPP Dashboard that included EOC Resource Information such as Briefing Information on EOC Briefing number, the current protective action decision (PAD), EOC activation level, decontamination sites, as well as traffic control points (TCP), and other pertinent incident information. Also included is an incident response map depicting the downwind hazard plume graphic, TCP, decontamination sites, and other key points. The map contains preloaded graphics that can be used on the map to indicate key features as well as other GIS notations. Other information on this additional website included the Madison County fire decision trees for GB, VX, and H (mustard), links to WebEOC[®], and information on the initial and follow up communications from BGAD. Observing the activities showed the staff members were familiar with the use of the dashboard, and it provide a central location to find information.

On the social media side, in addition to already active Facebook page, Madison County now has webpages at the following social media sites: Twitter, Instagram, Flickr, and YouTube.

Reference:

Madison County Emergency Management Agency website at:

<https://madisoncountky.us/index.php/emergency-management-home>.

Madison County Emergency Management/CSEPP: CSEPP Dashboard at

<https://globalforms.madisoncountky.us:5454/view/#!/form/5f3aed5ecbeb0f1f4050ca8a?header=0>

Recommendation: Continue to promote the use of communications technologies that enhance steady state and EOC/incident operations.

COVID-19

Madison County Emergency Management/CSEPP has used its EOP, EOC Standard Operating Guidelines document and Resource requests procedures for its COVID-19 response. As a county organization, the EMA followed the Madison County COVID-19 Employee Policy and followed the Madison County Health Department guidelines as related to the Pandemic (Public Health Order 2020-001). Madison County EMA/CSEPP has a Support Plan for Disease Outbreaks, Epidemics,

and Pandemics. Since Madison County's last submission for exercise credit for BGAD-20 (March-June), the County identified activation of an Incident Command (IC) structure to include the following CSEPP positions: Incident Commander, Public Affairs, Liaison, Operations, Planning, Logistics, Finance, Security/Logistics support. It has been unnecessary to use IPAWS during the pandemic, however the County did use IPAWS for a lost child in August and will use IPAWS closed loop during the CSEPP Exercise in September. State KYEM and Strategic National Stockpile provided PPE at the beginning of the pandemic. Local first responders and the medical community have since requested PPE to deal with COVID-19 testing and patient care. As the need arises for PPE requests and if the need cannot be fulfilled locally those requests are pushed up to KYEM. Madison County EMA has filled approximately 340 PPE requests to date.

Madison County has identified a Best Practice by utilizing decontamination site procedures for COVID-19 testing sites. They plan to use a Point of Distribution Plan for future mass vaccinations. Logistical documentation is key to knowing where PPE has been distributed. Madison County has also identified the need to have PPE on hand and readily available including gloves, masks, and gowns, and addressed that issue by accepting bids for those items to store within Madison County. Madison County has also identified training requirements due to COVID-19 including a key need for more trained staff who understand logistical procedures; sufficient back up for each position in EOC is key to having a good Continuity of Operations Plan; and as always, additional PPE training is needed. The County also identified Lessons Learned in the areas of correct PPE, an Enhanced Continuity of Operations Plan, EOC readiness, and Public Information and Education. This has helped their readiness posture and prepared the agency for the COVID-19 pandemic in these areas as well as Logistics. Madison County also applied the use of FEMA Lifelines in their EOC Operations for COVID-19.

Emergency Response Outcome 2 – Emergency Assessment

BGAD notified the Madison County EOC of a CAI via the BGANS telephone at 0924. The Chemical Event Notification Level (CENL) information from BGAD was provided to the Madison County Hazard Analyst which stated the CAI involved M55 GB-filled rockets resulting in a community emergency. The protective action recommendation (PAR) was to shelter-in-place (SIP) for Madison County Zones, 1C, 2B, and 2C, and was accepted as the protective action decision (PAD) at 0929. The Emergency Management Director verified the information through WebPuff. The PAR was based on the WebPuff run #001. The CENL fax confirmation copy arrived at the Madison County EOC at 0939.

At 0950, a second BGANS follow-up call added Zone 1B as an additional Madison County Immediate Response Zone (IRZ). The PAR was based on the WebPuff run #002. The PAR was accepted as the PAD for the off-post community at 0955.

A third BGANS follow-up call updated the PAR for all Madison County Zones (1B, 1C, 2B, and 2C); they stated Exit Shelter criteria had been met and the PAR was exit shelter. The PAR was based on the WebPuff run #003.

A fourth BGANS follow-up call updated the PAR to exit shelter for all zones, which did not affect Madison County. The PAR was based on the WebPuff run #006.

Emergency Response Outcome 3 – Emergency Management

Madison County

The BGAD 2020 exercise was conducted on 16 September 2020. During this exercise, Madison County Emergency Operations Center (EOC) was evaluated on ERO-3, Emergency Management. Due to impacts and precautionary actions of COVID-19, the Madison County EOC used social distancing and multiple communications platforms, including Zoom and MS Teams to conduct this exercise. The Zoom video conference-maintained visuals on the EOC Manager and community lifeline indicators in the EOC; the chemical event status board was also maintained in the EOC. A current status was reflected on the Madison County CSEPP Dashboard (incident: Blue Grass CSEPP 2020), and separate Microsoft Team rooms were available to each of the sections. On the virtual platform there were no less than 33 and no more than 47 participants, which included controllers/evaluators (C/E).

The EOC initially viewed a WebPuff notification at 0921 and received the call from BGAD at 0924 by BGANS phone of a CAI. This notification contained details of a CAI *community emergency* event occurring at 0920, involving GB rockets at BGAD. The notification included a wind direction of southeast from 132 degrees at 1.7 miles per hour. The PARs were given to SIP for zones 1C, 2B, and 2C. At 0929 the PAR was confirmed, and the EOC Manager made the PAR the PAD. An additional PAD implemented was to SIP for zone 1B at 0955. A BGAD follow up call with a PAR to exit shelters and go outside for all affected zones was received at 1012, which the EMD made the PAD. Madison County EOC used their GB – Fire Decision Tree (accessible on the Madison County CSEPP Dashboard) effectively.

In response of the CAI, the Madison County EOC alerted staff utilizing the Everbridge system at 0928. The EOC was activated at 0938 at a Level 1 activation. The EOC staff reported virtually and in person (via social distancing) and were able to maintain full operations at the EOC. Citizens were alerted using the Everbridge system at 0940. The EOC Manager conducted three briefings for his staff, providing situational awareness and a common operating picture for all EOC staff. Designated decontamination sites were established at 0940 at First Baptist Church and Church of the Rock. Madison County issued another PAD for residents in a specific location to relocate after the EOC received notifications of a residents having GB exposure symptoms and five more residents having GB possible exposure symptoms.

Madison County EOC used established plans for coordination and management. Emergency Alert System (EAS) messages were synchronized with sirens and Advisor Alert Radio activations, which were uploaded into WebEOC®. CSX Railroad was contacted to suspend all operations in Madison County at 0933. At 1004 the EOC manager requested information for population and Access and Functional Needs (AFN) numbers by zones. Hospitals were notified at 1001 (calls served as communication checks). Community Lifeline indicator boards were updated in real time at the Madison County EOC to reflect current impediments using a green, yellow, and red color system.

Emergency declarations preparation began at 0930. At 0942 a briefing was held to inform the elected official of the impacted zones. The EOC Manager signed the emergency declaration at 1028 and it was forwarded to KYEM. The emergency declaration was accepted by the state and uploaded into WebEOC® at 1044.

Once all objectives were met, Madison County EOC announced the end of play at 1125. Immediately following this announcement, the EOC Manager conducted a hotwash to discuss any comments or concerns of the exercise, ending at 1133.

Strength

Subject: EOC Command and Control

Discussion: During activation of the EOC for a simulated accident at the BGAD the Emergency Management Director exhibited excellent skills in leading the response and creating a sense of order and calm. Tasks and duties (i.e. EAS messages, declarations, etc.) appeared to be well coordinated among the EOC staff. Communications in the EOC and to the virtual participants off site flowed well. Timeline information provided was consistent. Briefings were well timed and detailed, providing a clear situational overview.

Regarding media information, it was noted when the JIC was activated and when it was operational.

Reference:

Madison County Emergency Management Agency website at:

<https://madisoncountky.us/index.php/emergency-management-home>.

Madison County Emergency Management/CSEPP: CSEPP Dashboard at

<https://globalforms.madisoncountky.us:5454/view/#!/form/5f3aed5ecbeb0f1f4050ca8a?header=0>

Recommendation: Continue to promote the use of communications technologies that enhance steady state and EOC/incident operations.

Emergency Response Outcome 4 – Hazard Mitigation

Not Applicable.

Emergency Response Outcome 5 – Protection

Emergency Operations Center (EOC)

The Madison County EOC maintained communications with the BGAD on PARs and PADs throughout the CAI. PADs were timely and were rapidly communicated to the EOC staff, decision makers, and the community. All field activities were simulated, however the Madison County EOC

demonstrated the capability to determine the protective actions and the associated decisions necessary in accordance with the standard process outlined in the Madison County GB Decision Tree. All EOC personnel and government officials had ready access to the appropriate documentation, maintained on the Madison County CSEPP Dashboard, and decision trees (i.e. GB-Fire Decision Tree).

The Madison County EOC sent out three IPAWS messages with the following time stamps with the associated messages: 0937 (SIP for zones 1C, 2B and 2C), 0959 (SIP for zones 1B, 1C, 2B, 2C), and 1015 (exit shelter, all zones). Each message was sent as an outcome of a change in the PAR and PAD, which were sent within the eight-minute required timeframe. The EOC Manager ensured accuracy in the timing and frequency with the alert and notifications by using a timer between system activations. The Madison County EOC staff showed consistent efficient and effective use of the IPAWS and WEA systems to communicate with the community. All three messages were successfully received at the IPAWS_OPEN lab and verified using the IPAWS Viewer. The first message is included below, as an example:

Message 1 - 09:37

90 and 360 WEA Text

Test only Shelter in Place Zones (1 C) (2 B) (2 C) Madison EMA only Test

EAS Text

A CIVIL AUTHORITY HAS ISSUED A LOCAL AREA EMERGENCY FOR THE FOLLOWING COUNTIES/AREA: MADISON,KY; AT 09:37 AM ON SEP 16 2020 EFFECTIVE UNTIL 09:52AM. Message from MADEOC. Test only Due to a chemical accident in Madison Co., shelter in Place Zones (1 C) (2 B) (2 C) Test Exercise only. Test only Due to a chemical accident in Madison Co., shelter in Place Zones (1 C) (2 B) (2 C) Test Exercise only.

Public Text

This message was posted to the All Hazards Alert Feed

Description: Test only Due to a chemical accident in Madison Co., shelter in Place Zones (1 C) (2 B) (2 C) Test Exercise only.

Instruction: Test only Due to a chemical accident in Madison Co., shelter in Place Zones (1 C) (2 B) (2 C) Test Exercise only.

A notification of a potential community exposure (resident reporting symptoms consistent with GB exposure) prompted the EOC manager to explore relocation options quickly. Within 37 minutes of the initial call, the EOC Manager implemented the plan to communicate instructions to individuals in the impacted area to relocate to a decontamination site at First Baptist Church in Richmond, KY with a follow-on relocation to Powell High School in Stanton, KY. A fourth EAS message was signed at 1107 and was in reference to relocation instructions for the address range of North of Hickory Lick Rd, South of KY 52 - Irvine Rd, KY 374 – East of Speedwell Rd, and West of Brassfield Rd., impacting 545 persons and 218 structures. Transportation resources, if needed, included 22 buses.

The EOC staff identified two decontamination sites and twelve TCPs, as detailed below.

Decontamination Locations:

#1	First Baptist Church (North Site)	425 Eastern Bypass, Richmond, KY
#2	Church on the Rocks (South Site)	1049 Richmond Rd. Berea, KY

TCP Locations:

TCP #	Location
TCP #1	Decon Site #1
TCP #2	Decon Site #2
TCP #3	Highway 52 E @ Speedwell Rd
TCP #4	Highway 52 E @ Charlie Norris Rd
TCP #5	Speedwell Rd @ Crooksville Rd
TCP #6	Battlefield Memorial Hwy @ Crooksville Rd
TCP #7	Old Red Lick Rd @ Battlefield Memorial Hwy
TCP #8	Old Red Lick Rd @ Estill Co. Line
TCP #9	Eastern Bypass @ Irvine Rd/KY 52
TCP #10	Eastern Bypass @ Berea Rd/US 25
TCP #11	Eastern Bypass @ Lancaster Rd
TCP #12	Eastern Bypass @ Brown Drive

The EOC personnel demonstrated proficiency with the associated tasks of receiving the information from the BGAD, community, and partners and implementing the appropriate planning and operational tasks associated with the Madison County plans and procedures. Utilizing a variety of systems, including remote communication platforms, and EOC standard processes, the Madison County EOC Manager and staff demonstrated their collective ability to execute the roles and responsibilities to protect the community during a CAI.

Strength

Subject: Effective use of IPAWS and Wireless Emergency Alert

Discussion: The communications officer sent out three IPAWS messages to Emergency Alert System and Wireless Emergency Alert. Each message was generated as a result of a new PAD. Each message was entered into the Digital Alert Systems’ Emergency Operations Center alert authoring tool within 8 minutes of the PAD approval and averaged 4.67 minutes for the three alerts sent. In an actual event, the additional information sent directly to people’s wireless phones will help provide maximum protection to the public.

Madison County also has used this technology in the past to help recover missing persons quickly. Madison County clearly demonstrated their ability and familiarity with this important public alerting tool.

Reference: CSEPP Program Guidebook, dated March 2019, USC Title 50 Section 1521

Recommendation: Maintain practice of actively exercising and using IPAWS

Emergency Response Outcome 6 – Survivor and Patient Care

Baptist Health Richmond

Due to the extreme hardship of the COVID-19 pandemic and the uncertainty of their ability to participate in the 2020 Blue Grass Community CSEPP Exercise, Baptist Health Richmond (BHR) requested exercise credit in lieu of participation. BHR’s COVID-19 response after-action report below summarizes their response activities and capabilities that are applicable to related Exercise Evaluation Guide tasks. This documentation also includes the identification of strengths and opportunities for improvement and prioritized corrective actions.

BHR is a 105-bed acute care hospital located in Madison County in the city Richmond, KY. It is designated as the primary receiving hospital for patients from the BGAD. Peak staffing for the facility’s 20-bed Emergency Department (ED), which evaluates 32,000 patients per year, includes one physician, three physician assistants, and seven registered nurses (RNs).

The hospital maintains a stockpile of nerve agent antidote provided by the CSEPP. This inventory is maintained at two locations within the hospital. Bulk antidote is stored in the pharmacy and all DuoDote® kits are stored within the ED. The medication stockpile includes:

Chemical Agent Pharmaceutical Inventory			
Medication	Dosage Amount	Number	Expiration Date
Atropine	5 gm lyophilized	9	January 22, 2021
Duodote®	Unit	810	October 2022
Duodote®	Unit	690	December 2020
2-PAM Chloride	1 gm vials	18	October 2022
2-PAM Chloride	100 gm lyophilized bottle	10	January 2021

In advance of the scheduled exercise, a virtual interview was conducted with hospital administrative personnel for the purpose of validating and updating COVID-19 response activities. In addition, the facility’s compliance with the following Emergency Response Outcome 1 Preparedness capabilities was validated:

- A/C.1.1.E - Maintain Coordinated Emergency Plans and Procedures - Emergency plans related to the possibility of a CAI are current, coordinated, and available where needed. Emergency plans are updated as necessary.
- A/C.1.3.E - Maintain a Continuing Education Program for Responders - Emergency responders are identified, trained, and certified as required. Training records are kept and organized.

- A/C.1.5.E - Maintain the CSEPP Emergency Response Physical Infrastructure in an Operational Status - All components of the CSEPP emergency response physical infrastructure (e.g., facilities, vehicles, equipment, supply stockpiles, and alert and notification systems) are checked, tested, and maintained on a regular basis; all components of the infrastructure are available and operational.

BHR exercised most of the components of their emergency management program and EOP during the COVID-19 response, including, but not limited to: executing Memorandum of Understanding for childcare, supplies, and shelter; credentialing staff; implementing Incident Command; staffing and deploying the labor pool; working with numerous community partners (e.g., law enforcement, Madison County Emergency Management Agency, Madison County Emergency Medical Services, Eastern Kentucky University, Madison County Health Department, Kentucky Department of Public Health, Regional Healthcare Coalition, area nursing homes, etc.); providing education to staff and the community; planning for surge; developing treatment protocols; engaging in behavioral health counseling; managing medication and inventory; utilizing technology for communication and treatment; planning for business continuity; implementing 1135 waivers; utilizing the facility communication plan; and establishing a crisis management team.

The facility completed hazard mitigation during COVID-19 through a number of measures, which included restricting visitation; closing all but two entrances into the hospital; screening patients/visitors and masking them upon entry; cancelling in-person meetings and transitioning to video meetings; asking staff to work at home as appropriate; rearranging areas to promote social distancing; requiring employees to mask, self-monitor, and quarantine as appropriate; and furloughing staff when volume decreased. All these measures helped to mitigate spread, reduce exposure, and control costs associated with COVID-19. The hospital identified their top strengths as IC, community collaboration, and a strong emergency management program. BHR cited the value of having a strong emergency preparedness program and strong relationships with community partners to the success of their response. For example, the collaborative relationship with area nursing homes allowed for open communication about infectious residents in those long-term facilities that could impact hospital admissions. In addition, they cited the value of having CSEPP drills to practice implementing Hospital Incident Command (Hospital Incident Command) emergency response and treatment, and to test emergency policies and procedures, many of which were utilized during the COVID-19 response.

Communication was identified as the biggest challenge for BHR IC and an area for improvement, largely due to ever changing recommendations and guidelines which necessitated changes in operational procedures. Two additional self-identified areas for improvement were technology systems and the challenges of being part of a nine-hospital system throughout Kentucky and Southern Indiana.

The hospital identified prioritized correction actions to enhance internal and external communication, including the implementation of multiple communication systems (e.g., emergency notification system, phone, texts, land-line calls, emails, social media, signage, Slack software application, WebEOC[®], dashboards, Ready Op forms, Zoom, posters, education/training,

and media), as well as enhancement of the communication plan and contact lists that are part of the EOP.

Priority corrective actions to enhance technology systems included expanding the Wi-Fi footprint; purchasing iPads and monitors for telehealth and Zoom communication; establishing a marketing plan to promote telehealth services throughout the system; and training providers, patients, and visitors for utilization of technology.

The challenges associated with coordination and collaboration within a multiple hospital system led to the implementation of several corrective actions, including implementation of system wide IC Structure, creation of a system crisis management team, establishment of a 24/7 hotline to report issues, and implementation of system supply chain calls and coordination for PPE acquisition and distribution. Work is currently ongoing to get all hospitals in the system on the same emergency notification system.

The facility identified several lessons learned and best practices from their response activities, including the importance of continued training to prepare for events and the need for flexibility in adapting plans to meet the response needs. The importance of communication was also cited as a lesson learned, which was especially relevant in an event with ever changing information and recommendations.

BHR's response to COVID-19 was similar in many ways to the hospital response of a community event from BGAD, requiring many of the same skills, tools, communication channels, and a heavy reliance on interagency coordination. The unique challenges and lessons learned in their response to the COVID-19 pandemic will strengthen future emergency response. The CSEP Program benefits from the knowledge that if an actual CSEPP community response was necessary, BHR validated their true capability through their response to a real-world event.

Saint Joseph Berea Hospital

Due to the extreme hardship of the COVID-19 pandemic and the uncertainty of their ability to participate in the 2020 Blue Grass Community CSEPP Exercise, Saint Joseph Berea Hospital (SJB) requested exercise credit in lieu of participation. SJB's COVID-19 response after-action report below summarizes their response activities and capabilities that are applicable to related Exercise Evaluation Guide tasks. This documentation also includes the identification of strengths and opportunities for improvement and prioritized corrective actions.

SJB is a critical access hospital located in Madison County Kentucky approximately seven miles southwest of the BGAD. Four of the hospital's 25 licensed beds are designated for intensive care. The SJB ED has nine total patient treatment rooms including one that is negative pressure. The ED is typically staffed with one physician, one physician assistant or nurse practitioner, four to five registered nurses, and one ED technician, and sees 19,000 patients a year on average.

The table below provides an inventory of CSEPP issued antidote pharmaceuticals at SJB.

Chemical Agent Pharmaceutical Inventory			
Medication	Dosage Amount	Number	Expiration Date
Atropine	5 gm	8	January 2021
DuoDote®	Unit	510	October 2022
2-PAM Chloride	25 gm	19	October 2013
2-PAM Chloride	1 gm	6	May 2023

In advance of the scheduled exercise, a virtual interview was conducted with hospital administrative personnel for the purpose of validating and updating COVID-19 response activities. In addition, the facility’s compliance with the following Emergency Response Outcome 1 Preparedness capabilities was validated:

- A/C.1.1.E - Maintain Coordinated Emergency Plans and Procedures - Emergency plans related to the possibility of a CAI are current, coordinated, and available where needed. Emergency plans are updated as necessary.
- A/C.1.3.E - Maintain a Continuing Education Program for Responders - Emergency responders are identified, trained, and certified as required. Training records are kept and organized.
- A/C.1.5.E - Maintain the CSEPP Emergency Response Physical Infrastructure in an Operational Status - All components of the CSEPP emergency response physical infrastructure (e.g., facilities, vehicles, equipment, supply stockpiles, and alert and notification systems) are checked, tested, and maintained on a regular basis; all components of the infrastructure are available and operational.

The facility identified a number of ways in which their COVID-19 response activities were enhanced by their participation in the CSEP Program and will benefit their future contributions to the program. Communication and coordination with multiple local, regional and state entities was a key component of incident response. An enhanced commitment to identify and screen patients to ensure facilities and staff were not affected by contamination, either biological or chemical, was evident in the facility’s response. The implementation of designated entrances and traffic flow enhanced the staff’s knowledge regarding containment of potentially hazardous situations that can affect the entire facility. Repetative donning and doffing of PPE in response to an unseen potentially deadly pathogen enhanced staff familiarity with the process and promoted greater awareness of the importance of preventing potential cross contamination or exposure to providers. Utilization of the HIC System facilitated care across the hospital, promoted timely response to requests, and facilitated staff knowledge of a rapidly changing incident and associated response needs. The manpower labor pool allowed staff to be trained to fill various response roles and placed in needed positions. The facility’s ability to manage a potential shelter-in-place scenario was enhanced through a review of building plans, ventilation system plans, and the ability to convert areas to negative pressure areas. The EOP was last updated in July 2020 based on the evolving need for revised pandemic and COVID-19 policies/procedures.

The hospital identified their top strengths as facility security, bi-directional communication with key stakeholders (facility, system, local, regional, and state), and surge management. Processes were implemented to screen and triage staff, patients, and visitors prior to entry in the facility. Surge management measures included deploying a tent for additional screening/triage space, converting a conference room to a negative pressure alternate care unit for ED overflow, and increasing the number of negative pressure rooms. The Central Supply team engaged in daily meetings to ensure adequate supply stock to meet needs. The hospital also cited proficient use of PPE as a strength as evidenced by no staff conversions due to exposure to COVID-19 patients. Testing capacity was increased through outsourcing to a different laboratory, and the hospital has conducted daily COVID-19 testing for Berea College personnel and students. SJB has provided in-house training on donning/doffing PPE and use of Powered Air-Purifying Respirators (PAPRs). They plan to resume in-person hazardous materials training in September and October 2020.

One self-identified area for improvement was the need for facility updates to increase permanent negative pressure room capabilities. Appropriation of PPE supplies (e.g., PAPRs) and rotation of stock to avoid expired supply was another area for improvement. In addition, lack of system resources and shared resources for education and infection control measures was identified as a need within the facility. Prioritized corrective actions were identified for each of these three areas. The need for permanent conversion of rooms to negative pressure was identified as a high priority corrective action area, as was the need for improvement in the supply chain and management of stock/supplies.

The facility identified a number of lessons learned and best practices from their response activities, most notable was the importance of communication. COVID-19 involved many unknowns and rapidly changing information/guidelines, which resulted in stress and fear among the staff. The development of a location for staff to access the latest information and implementation of multiple daily briefings improved staff response and helped alleviate fears.

SJB's response to COVID-19 was similar in many ways to the hospital response of a community event from the Blue Grass Army Depot, requiring many of the same skills, tools, communication channels, and a heavy reliance on interagency coordination. The unique challenges and lessons learned in their response to the COVID-19 pandemic will strengthen future emergency response. The CSEP Program benefits from the knowledge that if an actual CSEPP community response was necessary, SJB validated their true capability through their response to a real-world event.

Emergency Response Outcome 7 – Emergency Public Information

Not exercised in 2020.

Emergency Response Outcome 8 – Remediation and Recovery

Not Applicable.

ESTILL COUNTY (ES)

2020 presented a multitude of challenges related to the COVID-19 pandemic. Like many counties both within the Commonwealth of Kentucky and around the country, the Chemical Stockpile Emergency Preparedness Program (CSEPP) counties continue to sustain a prolonged emergency response to manage this ever-changing crisis.

The Centers for Disease Control and the American Red Cross (ARC) determined that congregate sheltering will be performed only in extreme emergency situations and provided a framework for non-congregate sheltering to be used during this time. The Lexington Chapter of the ARC determined that they will not support congregate sheltering exercises during the pandemic. For these reasons, it was decided to remove all sheltering and reception sites from the 2020 exercise.

Social distancing rules remain active within the Commonwealth. A minimum of six feet of spacing is required between personnel. The use of personal protective equipment, hand sanitizer and temperature checks are strongly encouraged. The Kentucky Department for Public Health issued a travel advisory on July 20, 2020 which remained in effect at the time of the exercise. The travel advisory recommends a 14-day self-quarantine for travelers from eight states. Many of the personnel who were scheduled to support the exercise reside in these states.

These factors prevented an in-person, full-scale exercise from being conducted. Only the Emergency Operations Centers in each county were exercised.

The Estill County school system closed schools at the beginning of the pandemic. Estill County postponed the school exercises to coincide with the March 2021 CAIRA exercise.

The hospitals within the CSEPP footprint have been heavily impacted by the pandemic. In most cases they have exceeded 100 days in emergency operations. The level of critical respiratory illness managed during this event could be on par with what we might expect in a CSEPP event. Management of patients, staff, and ever-changing logistics are just a few of the challenges they have faced. Marcum Wallace Hospital was approved for exercise credit and did not exercise in September 2020.

Emergency Response Outcome 1 – Preparedness

Estill County is one of the two Immediate Response zone counties in the Kentucky CSEPP Community. Estill County Emergency Management (EM) operates under an emergency operations plan (EOP) with an emergency support function structure; CSEPP accident/incident response is managed under an incident specific plan that supplements the EOP. Plans are consistent with Commonwealth of Kentucky and DHS/FEMA doctrine and standards. CSEPP plans and procedures are consistent with programmatic guidance. The plans are unchanged from those reviewed in the 2019 exercise (June 28, 2019 for the EOP; January 24, 2019 for the CSEPP plan).

Estill County actively participates in the community's Integrated Process Team and associated working groups. They operate a robust public outreach and education effort; while in-person

events such as tables at community festivals have been curtailed during the current pandemic, social media, advertising, and other outreach continues under the supervision of a full-time Public Information Officer (PIO).

Emergency responders are identified, trained, and certified as necessary by their governing department. As a minimum, all new employees must complete independent study training courses 100, 200, 700, and 800 within one year of their on-board date. The fire departments and other agencies manage and organize training records at their departments. All CSEPP training is coordinated with the Kentucky Division of Emergency Management (KYEM) training officer to meet established training requirements and to maintain efficiencies.

Estill County receives the Blue Grass Chemical Activity (BGCA) workplan daily via e-mail. Estill County 911 dispatchers who may receive an incident/accident alert are, in the absence of senior officials, empowered to accept an incident protective action recommendation (PAR) as the county's protective action decision (PAD) and activate appropriate alert and notification systems.

All components of the Estill EOC emergency response physical infrastructure continuously remain in an operational status. Most systems are tested daily and contain internal maintenance log capability. Generators, which are vital to the EOC sustained operations during a disaster, are operationally tested weekly. Siren connectivity is tested three times a day ensuring complete system operation. The Everbridge system used for personnel alerting and public communications is active daily for weather alerts. Estill County is not yet actively using Integrated Public Alert and Warning System (IPAWS); while the equipment is in place, certification as a Collaborating Operating Group to use the system is not yet complete.

Estill County has acquired self-contained breathing apparatus (SCBA) units and distributed them to its departments. They are currently awaiting approval from the state to purchase level B suits to go with the SCBA. These are readily available from multiple vendors and the county expects to get at least part of the purchase approved within the next week or two. The bulk of the changeover from powered air purifying respirator (PAPR)s to SCBA has taken place and is on track for completion. If this is delayed significantly, the county will order some replacement PAPR filters and once the changeover is completed will provide them to the hospital because they will still be using PAPRs.

COVID-19

Estill County has leveraged CSEPP capabilities ably during the COVID-19 pandemic crisis over the last six months. The county EOC has been operating continuously since March 11, 2020 on a single shift per day basis, with activation levels varying from a monitoring and assessment status to a full-scale staffing level with partner agencies, including representatives of local government entities, during the incident period. Emergency Management (EM) has been operating in a unified command environment with the county Health Department to manage the pandemic crisis. EM staff roles have included resource coordination and Strategic National Stockpile supply integration, as well as other logistics needs. Agency training continues, with staff using the opportunity to pursue virtual training from state and federal sources; EM staff did identify that some gaps are evident where virtual training delivery is not suited to hands-on skills.

The county has found that they can perform operations successfully in a partially virtualized environment, with some manageable challenges from long-term operations. EM staff members and partner agencies continue to operate remotely using commercial virtual meeting software and other communications methodologies, with a core staff in the EOC. This model is also being used for the CSEPP exercise conducted on September 16, 2020. In addition to normal operations, evaluators will observe on the virtual meeting platform being used for operations day-to-day. Staff stated that their experience during the pandemic has allowed them to discover how flexibly they can operate, and cited CSEPP experience as a factor that allows them to concentrate on helping people versus navigating coordination challenges. They stated that CSEPP-provided facilities, infrastructure, and communications are beneficial, mentioning a current situation where a nursing home is facing a large scale COVID-19 outbreak, as one they are better able to manage with CSEPP experience.

Emergency Response Outcome 2 – Emergency Assessment

At 0924, declaration of a *community emergency* was made via a Blue Grass Alert and Notification System (BGANS) call to the Estill County CSEPP dispatcher. The call reported that an explosion involving GB-filled M-55 rockets had occurred within the Chemical Limited Area at the Blue Grass Army Depot (BGAD) and gave a Protective Action Recommendation (PAR) of shelter-in-place (SIP) for Estill County zone E1. Dispatch notified the Emergency Management Director (EMD) and recorded the accident information on the BGCA Off-Post Notification Form. The PAR was accepted as the PAD. At 0926 sirens and other alert and notification systems were activated; at 0928 citizens in zone E1 were directed via the Emergency Alert System (EAS) to SIP until further directions.

For safety purposes relative to COVID-19, the county uses GoToMeeting to provide a virtual platform for Chemical Accident/Incident (CAI) response. During the exercise, the initial WebPuff run (BGCA001) was not displayed within the EOC or on the GoToMeeting platform until approximately 10 minutes after the BGANS call. The WebPuff run provides a means of verification of the information in the BGANS call. When the BGANS call was received, the EMD and IT specialist were directing notification. They directed entities in the county to connect to GoToMeeting. In the process, they encountered problems with GoToMeeting logins and Wi-Fi connectivity. After the IT specialist resolved the GoToMeeting login and the Wi-Fi connectivity issues, he returned to the WebPuff computer and displayed Run 001 on the screen in the EOC and on the GoToMeeting screen for other players. The delay in displaying the most recent WebPuff run did not have negative consequences during the exercise.

The EOC was operational by 0939. A second BGANS call was received by dispatch at 0948 that reported inclusion of zone E2 in the PARs due to a modest wind shift. At 0954 a new county PAD was issued which included SIP for both E1 and E2. A third BGANS call at 1032 provided exit shelter times for zones E1 (1046) and E2 (1055). These exit shelter times were issued at the recommended exit times (at 1046 the directive was given to zone E1 to exit shelter and await further instruction and similarly at 1055 for zone E2). One additional BGANS call was received at 1120 confirming that all off-post affected zones should have exited shelter.

The EMD and EOC staff discussed GB contamination within the county and at 1154 asked BGAD for re-entry and recovery assistance with a specific request for sampling.

Emergency Response Outcome 3 – Emergency Management

The Estill County EMD ordered the alert and mobilization of staff to the Estill County EOC following receipt of notification of a chemical accident/incident (CAI) with a community action level of *community emergency* at 0924. The Estill County EMD's decision to fully activate the Estill County EOC was based on the initial protective action recommendation received and his PAD to shelter-in-place the E1 zone. The dispatch officer demonstrated the use of a mass notification system at 0926, which notified key personnel using work, home, and cellular phone numbers, and cellular text message.

Representatives from the following organizations staffed the Estill County EOC either in-person or virtually through web conferencing software:

- Amateur Radio Emergency Services
- City of Irvine
- City of Ravenna
- Estill County Dispatch Center
- Estill County EMA
- Estill County EMS Medical
- Estill County Fire Department
- Estill County Fiscal Court
- Estill County Health Department
- Estill County Judge Executive
- Estill County Rescue Squad
- Estill County Sheriff's Department
- Hargett Fire Department
- Irvine Fire Department
- Irvine Municipal Utilities
- Irvine Police Department
- Marcum Wallace Hospital
- Ravenna Fire Department
- Ravenna Police Department

Discussion of whether the plume direction or other route restrictions could impact the ability of staff to travel to the EOC was not observed. Personnel alerted to staff EOC positions in-person were prepositioned on site. A majority of EOC positions were filled virtually and staff joined the web conference shortly after receiving notification. The Estill County EOC was staffed, functional, and declared operational by the Estill County EMD at 0939.

To support the response to the CAI, the Estill County EOC upgraded from daily operations (EOC not activated) to a Level 1 (full) activation at 0924. CAI notifications were made to support entities such as hospitals and schools as part of the mass notifications made at 0926. The EOC had

sufficient space, lighting, ventilation, furnishings, equipment, and supplies in which to conduct emergency operations. Maps, phones, displays, laptops, monitors, printer/copy/facsimile machines, secure wireless network, and administrative supplies were available, operational, and used during the exercise to assist staff with their response. Security was established and maintained at the Estill County EOC during the response. Upon entry to the facility, all persons were required to check in and be screened prior to being allowed to proceed further into the building.

Primary and backup communication capabilities were operational and functioned without complication. Estill County EOC staff typically used email, phone, radio, and BGANS to communicate. Multiple redundancies in communication capabilities were on hand if needed. A representative from Amateur Radio Emergency Services (ARES) participated in the exercise and prepared to support Estill County with supplemental communication through ARES/Radio amateur Civil Emergency Services/HAM capabilities. WebEOC[®] was used to log activities, communicate EOC actions and significant events, and to share information and documents within the Estill County EOC and outside agencies and jurisdictions supporting the response to the CAI.

The Estill County EMD demonstrated excellent direction, control, and coordination of response capabilities. Under his effective leadership, EOC staff took proper actions based upon the CAI with a community action level of *community emergency*. Protective actions were coordinated with Madison County. Incident conditions and availability of resources were all considered when formulating protective action decisions to protect the health and safety of the public. The City of Irvine Mayor and Estill County Judge Executive played an active role in decision making. The Estill County EMD maintained situational awareness throughout the EOC during the response by providing regular staff briefings. The Estill County EMD and Deputy EMD provided updates of evolving conditions with recurring situation updates, guidance and direction for occurring activities in anticipation of potential actions. EOC staff were also given the opportunity to brief out their current response actions. The first staff briefing was held at 0940 following the declaration of an operational EOC. Subsequent briefings were held a minimum of once an hour, with additional briefings held as conditions evolved. A total of six staff briefings and EOC announcements occurred during the exercise. Estill County activities, events, and decisions were posted and maintained in WebEOC[®]. The Estill County EMD directed EOC staff verbally to prepare and plan for 24-hour uninterrupted operations; however, a roster or schedule was not published during exercise play. No meal breaks or shift changes occurred during the exercise, but Estill County can maintain continuous EOC operations during these periods. Estill County EOC staff were knowledgeable, professional and performed their duties proactively and in response to rapidly changing conditions.

Estill County EOC staff worked to proactively identify shortfalls in personnel, emergency supplies, equipment, or other resources that may affect their ability to respond to the incident. The Estill County EMD advised the Mayor of the City of Irvine, the Mayor of the City of Ravenna, and the Estill County Judge/Executive when a declaration was desirable to maintain effective response within the county and to utilize additional assistance as necessary. Local declarations of emergency for the City of Irvine, City of Ravenna, and Estill County were prepared, signed at 1010, and transmitted to the Kentucky Emergency Management (KYEM) using WebEOC[®].

Strength

Subject: Learning Environment

Discussion: The Estill County EMD and Deputy EMD fostered a learning environment within EOC by encouraging questions and discussion, particularly among new staff. Dialogue included topics such as modeling, shelter-in-place, evacuation, reentry, and rumor control. The Estill County EMD and Deputy EMD responded to questions accurately and thoroughly, explaining the program guidance and local process in broad terms as well as in context of the specific conditions within the exercise scenario which influenced decision making and response. Estill County EOC staff gained valuable knowledge and an enhanced exercise experience.

Reference:

- Estill County Emergency Operations Plan
- Estill County Emergency Operations Center Operational Guidelines
- Estill County CSEPP Incident Specific Plan
- CSEPP Program Guidance

Recommendation: Continue to foster and environment of learning and employee development.

Observation

Subject: 24-hour staffing

Discussion: The Estill County EMD verbally directed EOC staff to prepare and plan for 24-hour uninterrupted operations; however, a roster or schedule was not published prior to the end of exercise play. Although the period of exercise play did not include a shift change, publication of a roster or schedule validates staffing capabilities to maintain continuous emergency operations.

Reference:

- Estill County Emergency Operations Plan
- Estill County Emergency Operations Center Operational Guidelines
- Estill County CSEPP Incident Specific Plan
- CSEPP Program Guidance.

Recommendation: Plan for uninterrupted 24-hour operations, to include publication of a roster or schedule which cover all shifts with adequate staff.

Observation

Subject: Travel to EOC

Discussion: An analysis of whether the plume direction or other route restrictions could impact the ability of staff to safely travel to the Estill County EOC was not observed. This may have been due to the limited number of personnel staffing EOC positions in-person having been prepositioned on site, and with a majority of staff filling EOC positions virtually through a web conferencing system. Exercise play should be consistent with established plans and procedures to alert and mobilize EOC staff.

Reference:

- Estill County Emergency Operations Plan
- Estill County Emergency Operations Center Operational Guidelines
- Estill County CSEPP Incident Specific Plan
- CSEPP Program Guidance.

Recommendation: Alert and mobilize EOC staff in accordance to establish plans and procedures, including analysis of emergency worker safety and communication of safety or route restrictions.

Emergency Response Outcome 4 – Hazard Mitigation

Not Applicable.

Emergency Response Outcome 5 – Protection

Emergency Operations Center (EOC)

The extent of play for Outcome 5 (Protection) included making protective action decisions, alert and notification of affected populations, including schools and other special populations, and management of traffic control points.

Estill County received notification of a GB rocket explosion via BGANS call at 0924, with a protective action recommendation of SIP for zone E1. Per their normal practice, Estill accepted this as their initial PAD per their normal procedures and activated sirens and other alert and notification systems at 0926, meeting the eight-minute CSEPP standard. Schools and the Marcum and Wallace Hospital were notified concurrently; their personnel are included in Estill County’s Everbridge staff notification system. The PIO issued an EAS message with the same instructions at 0928. EOC personnel were briefed a few minutes later for situational awareness. During the briefing, the EOC Manager asked the Irvine Police Chief to work on access and traffic control points for zone E1. Fire personnel were to respond to their stations and prepare for screening and decontamination as needed.

A subsequent BGANS notification at 0948 reflected a weather shift and added zone E2 with a recommendation to SIP. Estill County accepted this as their PAD and activated sirens and other alerts by 0950; another EAS message followed at 0954. Estill County continuously monitored exit shelter time projections from WebPuff and implemented exit shelter at the recommended times (1046 for zone E1 and 1055 for zone E2). Appropriate and timely EAS messages were issued to

provide direction to the public. Estill county did not relocate populations after SIP ended. One critical infrastructure facility, the wastewater treatment plant, was affected; management was represented in the EOC and plant personnel sheltered and exited as directed at the same times as the public in the same zone.

Traffic and access control were appropriately maintained throughout the incident, coordinated by the Irvine Police. Route 52 from Madison County was closed. Traffic was initially directed onto Route 89, with Route 82 closed; as the event progressed, traffic out of the county was permitted on Routes 89 and 82 while inbound traffic on those roads was blocked in cooperation with Clark and Powell Counties.

Estill County coordinated continuously with Madison County to determine if Madison residents would be relocated to Estill after sheltering in place so that they could plan accordingly to care for those populations. Estill coordinated with other surrounding counties as well to ensure a complete understanding of potential relocations. No relocations from Madison County occurred.

Emergency Response Outcome 6 – Survivor and Patient Care

Mercy Health-Marcum and Wallace Hospital

Due to the extreme hardship of the COVID-19 pandemic and the uncertainty of their ability to participate in the 2020 Blue Grass Community Chemical Stockpile Emergency Preparedness Program (CSEPP) Exercise, Mercy Health–Marcum and Wallace Hospital (MH-MWH) requested exercise credit in lieu of participation. MH-MWH's COVID-19 response after-action report below summarizes their response activities and capabilities that are applicable to related Exercise Evaluation Guide tasks. This documentation also includes the identification of strengths and opportunities for improvement and prioritized corrective actions.

MH-MWH, is located in Irvine, Estill County, Kentucky, approximately 23 miles east of Blue Grass Army Depot. The MH-MWH is a 25-bed licensed critical access Level IV trauma center serving patients from Estill County and portions of seven surrounding counties. The emergency department (ED) includes eight beds, two of which are trauma resuscitation rooms, and one cardiac care room. The MH-MWH also has a one-bed outpatient surgical capability. The hospital endoscopy center includes a five-bed recovery ward which can provide overflow space for multi-casualty events or serve as a provisional morgue (the hospital has no permanent morgue facility).

The MH-MWH has an integrated decontamination room with an independent entrance door adjacent to the ED ambulance entrance. The ED is equipped with an exterior overhanging roof which serves as an initial pre-decontamination triage area, and an isolation vestibule between the decontamination room and ED. An alternate ED entrance utilized for non-contaminated patients is located on the other side of the hospital on a lower level. Decontamination response equipment is maintained in a location near the ED. The ED is staffed with one physician and two to three registered nurses working 12-hour shifts. The ED averages approximately 1,200+ patients per month.

In advance of the scheduled exercise, a virtual interview was conducted with hospital administrative personnel for the purpose of validating and updating COVID-19 response activities. In addition, the facility's compliance with the following Emergency Response Outcome 1 Preparedness capabilities was validated:

- A/C.1.1.E - Maintain Coordinated Emergency Plans and Procedures - Emergency plans related to the possibility of a CAI are current, coordinated, and available where needed. Emergency plans are updated as necessary.
- A/C.1.3.E - Maintain a Continuing Education Program for Responders - Emergency responders are identified, trained, and certified as required. Training records are kept and organized.
- A/C.1.5.E - Maintain the CSEPP Emergency Response Physical Infrastructure in an Operational Status - All components of the CSEPP emergency response physical infrastructure (e.g., facilities, vehicles, equipment, supply stockpiles, and alert and notification systems) are checked, tested, and maintained on a regular basis; all components of the infrastructure are available and operational.

During the COVID-19 response, MH-MWH engaged in a variety of proactive measures, including, but not limited to: activation of the Hospital Incident Command System; developing protocols and treatment plans for care of infectious patients; ensuring adequate supplies for provision of patient care; securing a portable morgue; and developing a plan for a 50 percent increase in bed capacity. The facility completed hazard mitigation measures during the COVID-19 response to include facility lockdown, implementation of screening procedures, establishment of an alternate ED space to segregate possible infectious patients, and enhanced monitoring and training for staff in the use of personal protective equipment. The facility's clinics also used technology to provide primary care in lieu of face-to-face care delivery.

The facility identified several strengths in their response activities, which included effective communication, the use of the incident command structure to lead the organization through the pandemic response, flexibility of staff in assuming various roles, and the ability to use "just-in-time" training to enhance staff competence.

One self-identified area for improvement was focused on the need for wayfinding within the building. Corrective actions identified to address this high priority issue included the construction of permanent barriers to ensure appropriate entry into the building and decrease back tracking of patients, and the creation of signage to designate walking paths. Another area for improvement was storage of supplies and equipment. The facility plans to purchase a small outbuilding to be placed in the helipad area, with keys available to charge nurses, management personnel, and security staff. This portable building will be used to house additional PPE, medical equipment for surge beds, and laboratory supplies. The ability to ensure availability of staff during large or prolonged events was also identified as an area for improvement. Options for alternate staff pools and staffing models are being explored.

The facility identified the need for updates to their EOP to reflect lessons learned during their pandemic response. Specifically, updates are needed to reflect the facility lock down process, utilization of the existing decontamination room for patient triage, and utilization of structures outside the facility for needs such as morgue space.

MH-MWH's response to COVID-19 was similar in many ways to the hospital response of a community event from the Blue Grass Army Depot, requiring many of the same skills, tools, communication channels, and a heavy reliance on interagency coordination. The unique challenges and lessons learned in their response to the COVID-19 pandemic will strengthen future emergency response. The CSEP Program benefits from the knowledge that if an actual CSEPP community response was necessary, MH-MWH validated their true capability through their response to a real-world event.

Emergency Response Outcome 7 – Emergency Public Information

Emergency Operations Center

Throughout BG EX 20, the Estill County PIO worked remotely from the EOC. After the Estill County EOC received notification that there had been an accident at BGAD involving GB agent, the Estill County PIO joined the EOC via the telephone and remained tuned into the EOC virtually throughout the activation. The Estill EMD was informed by BGANS the incident was a community level event and a protective action was recommended for zone E1 to SIP. The PIO immediately drafted an EAS message with information of the protective action that was recommended. The EMD approved the first EAS message and the PIO emailed the message to Joint Information System partners and the media. The initial EAS message was developed, approved, and distributed in a very timely manner.

Three additional EAS messages were sent to JIS partners and the media, all after receiving approval from the EMD. The second EAS message (#2) went out informing residents in zones E1 and E2 to SIP. Another EAS message (#3) went out informing residents in zone E1 that the SIP directive has been suspended and informed residents in zone E2 they needed to remain in shelter. The fourth EAS message was sent informing residents in zone E2 that the SIP directive was suspended and also noted for residents in Estill E1 that no more SIP was required and that residents should go outside and wait for further instructions.

The Estill PIO posted information on Facebook about the zone E1 SIP order with an accompanying map of the zone and an infographic explaining how to SIP. The post also included information on where to get additional information to include tone alert radios, and local radio stations. The post did not include any hashtags to identify the incident. Two subsequent updates to the post were made to announce that residents in zone E2 also needed to SIP and another at 1100 to announce both zones could exit SIP. It is recommended that separate posts are made regarding new actions as it was not easy to discern new information was added to the original post. The Estill PIO did a good job of answering questions in a timely manner that were posted on Facebook.

The Estill PIO participated in a live, on-camera interview with mock media and did a great job of relaying information about what was happening in the county at the time. The PIO provided

information on the EOC being activated and the two zones where residents were ordered to SIP. The PIO provided an easy to understand explanation of how to SIP. The PIO provided one bit of misinformation in the interview when asked what residents should do. The PIO said people should stay inside, which implied that all residents needed to SIP, when it should have been only those in zones E1 and E2. The Estill PIO did a great job with this interview platform.

Given the constraints of a totally virtual public information experience, the Estill PIO did a good job of staying connected with the Estill EOC, participated in EOC briefings and sought answers from the EMD to questions posted on social media.

The Estill PIO did complete all the objectives outlined in the Estill County Extent of Play agreement for ERO7. Information was accurate and sent out in a timely manner.

Emergency Response Outcome 8 – Remediation and Recovery

Not Applicable.

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CLARK COUNTY (CK)

2020 presented a multitude of challenges related to the COVID-19 pandemic. Like many counties both within the Commonwealth of Kentucky and around the country, the Chemical Stockpile Emergency Preparedness Program (CSEPP) counties continue to sustain a prolonged emergency response to manage this ever-changing crisis.

The Centers for Disease Control and the American Red Cross (ARC) determined that congregate sheltering will be performed only in extreme emergency situations and provided a framework for non-congregate sheltering to be used during this time. The Lexington Chapter of the ARC determined that they will not support congregate sheltering exercises during the pandemic. For these reasons, it was decided to remove all sheltering and reception sites from the 2020 exercise.

Social distancing rules remain active within the Commonwealth. A minimum of six feet of spacing is required between personnel. The use of personal protective equipment, hand sanitizer and temperature checks are strongly encouraged. The Kentucky Department for Public Health issued a travel advisory on July 20, 2020 which remained in effect at the time of the exercise. The travel advisory recommends a 14-day self-quarantine for travelers from eight states. Many of the personnel who were scheduled to support the exercise reside in these states.

These factors prevented an in-person, full-scale exercise from being conducted. Only the Emergency Operations Centers in each county were exercised.

During the pandemic, Clark County Public Safety personnel deployed decontamination assets (tent systems) to support COVID-19 testing. Personnel conducted multiple donning and doffing activities of Level C PPE. This activity clearly shows capability for the majority of decontamination requirements.

The hospitals within the CSEPP footprint have been heavily impacted by the pandemic. In most cases they have exceeded 100 days in emergency operations. The level of critical respiratory illness managed during this event could be on par with what we might expect in a CSEPP event. Management of patients, staff, and ever-changing logistics are just a few of the challenges they have faced. Clark Regional Hospital was approved for exercise credit and did not exercise in September 2020.

Emergency Response Outcome 1 – Preparedness

The Clark County Emergency Operations Center (EOC) is co-located with the offices of Clark County Emergency Management. The Communications Center is located at the City of Winchester Police Department

Clark County maintains an Emergency Operations Plan as well as a Chemical Stockpile Emergency Preparedness Program (CSEPP) Incident Specific Plan for community coordination and CSEPP Implementing Procedures (dated August 2020). Emergency plans and procedures reflect National Incident Management System (NIMS) language and are updated as required. Clark

County is working to incorporate Limited English Proficiency considerations into these documents. EOC staff positions, defined using a departmental approach, are supported by smart books outlining procedures for performing each position's specific tasks.

Clark County participates in quarterly Chemical Accident/Incident Response and Assistance exercises and the annual CSEPP exercise. Clark County holds monthly emergency services meetings to discuss lessons learned, as well as training and exercise activities. Also, they participate with the Blue Grass CSEPP Integrated Process Team.

City of Winchester and Clark County responders are trained to the HazMat technician level as part of a Blue Grass Emergency Response Team HazMat hub. Response training is consistent with the requirements of NIMS Incident Command System. Each Clark County agency maintains their own records, in addition to those managed by the Kentucky Division of Emergency Management.

Clark County has built a strong public information program, linked to various local partners, that was restricted in its activities during the pandemic in 2020. Clark County retains an active social media presence through Twitter and Facebook. Residents have been trained to "Moove" indoors when the twelve Community Outdoor Warning Sirens are activated. Broader public outreach activities are coordinated with the Blue Grass CSEPP Integrated Process Team.

The EOC features a wide array of information and communication technology. There are large screens for projecting local newscasts, WebEOC[®], WebPuff, social media, and other required information. Laptop computers are distributed and quickly connected at the onset of activations. There is a Blue Grass Alert and Notifications System, a hotline phone, a satellite phone, hand-held radios from the Winchester Police Departments, and an adjacent amateur radio office. All EOC equipment is checked/tested regularly.

The powered air-purifying respirators provided to Clark County responders have reached their expiration date and a request for replacement equipment has been submitted to the State of Kentucky.

The Blue Grass Chemical Activity (BGCA) workplan including the "maximum credible event" is received and reviewed daily. The Winchester Police Department Communications Center monitors Blue Grass Alert and Notification System (BGANS) on a 24/7 basis. In the event of an after-hours emergency, the Communications Center will initiate notifications. The Emergency Management (EM) Director or County Judge/Executive direct protective actions for the community. Clark County generally adopts the BGAD's protective action recommendations as the protective action decision. They do not have a trained hazard analyst to validate this information.

COVID-19

Clark County Emergency Management is primarily providing logistical support to the Clark County Health Department for the COVID-19 response. EMA social media accounts were used to help amplify Public Health social media messaging. CSEPP message reader boards were used to relay public messaging (wear masks, wash hands etc.) EOC space and technology (e.g. Zoom) is still used to support local / regional planning and coordination meetings.

Clark County does not have Integrated Public Alert and Warning System (IPAWS) equipment. However, they have access to IPAWS through the City of Winchester. IPAWS was not activated in support of COVID-19.

Zoom was utilized effectively for conduct of the site visit. There were no connectivity issues noted.

Emergency Response Outcome 2 – Emergency Assessment

Prior to the initial hotline call, the Clark County EM Director reviewed the daily workplan and plume report (BGCA702) from the BGAD for potential impacts to Clark County. Based on the plume, he determined that no additional actions were required.

At 0924, the EM Director and the Winchester Police Department dispatcher separately received the initial notification of a *community emergency* from the BGAD. The notification, over the BGANS line, addressed an accident at the BGAD at 0920 involving nerve agent GB. It included a protective action recommendation (PAR) to shelter-in-place zones 1C, 2B, 2C, and Estill E1; no protective action was recommended for Clark County. The event information was immediately recorded on the standard Blue Grass Chemical Activity Off-Post Notification Form.

At 0924, the EM Director activated the EOC and then sent a text message with an advisory notification to EOC staff regarding the accident at BGAD. Two additional Clark County Emergency Management Agency staff were requested to support EOC operations, supplemented by a volunteer ham radio operator. As staff arrived, they began using the communication technology in the EOC, including WebEOC®, WebPuff, amateur radio, and various display screens.

The EM Director accepted the PAR as the protective action decision (PAD) at 0937, with no protective actions required for Clark County. Subsequent follow-up notifications via BGANS at 0949 and 1011 were received, documented, and evaluated in the same manner, resulting in retention of the initial PAD of no action for Clark County. At the end of the 0949 call, the EM Director participated in a discussion with other duty officers regarding the incorrect wind direction and speed reported on the initial hotline call (132 degrees and 1.7 mph). A fourth notification was received at 1120. For the duration of the event, Clark County EOC staff monitoring WebPuff were unable to access a plume plot and noted error messages. This did not impact their ability to assess the potential threat to Clark County.

Emergency Response Outcome 3 – Emergency Management

Not exercised in 2020.

Emergency Response Outcome 4 – Hazard Mitigation

Not Applicable.

Emergency Response Outcome 5 – Protection

Not exercised in 2020.

Emergency Response Outcome 6 – Survivor and Patient Care

Clark Regional Medical Center

Due to the extreme hardship of the COVID-19 pandemic and the uncertainty of their ability to participate in the 2020 Blue Grass Community CSEPP Exercise, Clark Regional Medical Center (CRMC) requested exercise credit in lieu of participation. CRMC’s COVID-19 response after action report below summarizes their response activities and capabilities that are applicable to related Exercise Evaluation Guide tasks. This documentation also includes the identification of strengths and opportunities for improvement and prioritized corrective actions.

CRMC is a 79-bed community hospital located in the city of Winchester, Clark County, with a population of 38,000. The Emergency Department (ED) has 22 beds with four rooms equipped for trauma patients, two negative pressure rooms, and one fixed decontamination room. Prior to COVID-19 the CRMC ED saw on average 100 patients per day. ED volume decreased during the early phases of the pandemic, but has been gradually increasing and currently stands at approximately 75 patients per day.

CRMC maintains supplies of DuoDote[®] antidote treatment provided by the CSEPP as listed below:

Chemical Agent Pharmaceutical Inventory			
Medication	Dosage Amount	Number	Expiration Date
DuoDote [®]	Unit	180	October 2022

In advance of the scheduled exercise, a virtual interview was conducted with hospital administrative personnel for the purpose of validating and updating COVID-19 response activities. In addition, the facility’s compliance with the following Emergency Response Outcome 1 Preparedness capabilities was validated:

- A/C.1.1.E - Maintain Coordinated Emergency Plans and Procedures - Emergency plans related to the possibility of a Chemical Accident/Incident are current, coordinated, and available where needed. Emergency plans are updated as necessary.
- A/C.1.3.E - Maintain a Continuing Education Program for Responders - Emergency responders are identified, trained, and certified as required. Training records are kept and organized.
- A/C.1.5.E - Maintain the CSEPP Emergency Response Physical Infrastructure in an Operational Status - All components of the CSEPP emergency response physical infrastructure (e.g., facilities, vehicles, equipment, supply stockpiles, and alert and

notification systems) are checked, tested, and maintained on a regular basis; all components of the infrastructure are available and operational.

During the COVID-19 response, CRMC engaged in a variety of proactive measures to prepare for a potential influx of infectious patients. The Hospital Incident Command System was activated. The Incident Management Team met daily during the initial response phase and is currently meeting on Mondays and Fridays. Infection control measures have been a cornerstone of preparation and response, including facility lockdown and implementation of screening protocols for all persons (patients, visitors, and staff) entering the building. A recreational vehicle was converted into a mobile clinic for screening pre-surgery patients. The facility's Infection Control Preventionist was instrumental in developing protocols for personal protective equipment (PPE), and provided training related to donning and doffing technique and isolation procedures. Communication was initiated and maintained with a variety of local, state, and federal agencies related to incident response. The facility coordinated with Clark County Emergency Management entities in acquiring the needed PPE.

The hospital identified their top strengths as cooperation between the hospital and related response agencies, the ability of hospital staff at all levels to work together during the pandemic, and the ability to change course and establish new plans in an ever-changing environment. Their self-identified areas for improvement related to receiving requested documentation and feedback from pertinent individuals in a timely manner and establishing priorities for day-to-day operational needs. The hospital identified the issue with receiving timely information from various departments as their highest priority for corrective action.

CRMC identified lessons learned and best practices from their COVID-19 response. The need for flexibility and adaptability to change was a key lesson learned, as policies and procedures can change rapidly in an evolving pandemic. An additional lesson learned was the importance of constant communication. The hospital involved all departments in their incident briefings, from Administration to Environment Services. During the early response phase, these briefings were held daily and sometimes twice daily, thus enabling staff to be informed about the impact of the evolving pandemic on hospital operations.

CRMC's response to COVID-19 was similar in many ways to the hospital response of a community event from the Blue Grass Army Depot, requiring many of the same skills, tools, communication channels, and a heavy reliance on interagency coordination. The unique challenges and lessons learned in their response to the COVID-19 pandemic will strengthen future emergency response. The CSEPP Program benefits from the knowledge that if an actual CSEPP community response was necessary, CRMC validated their true capability through their response to a real-world event.

Emergency Response Outcome 7 – Emergency Public Information

Not exercised in 2020.

Emergency Response Outcome 8 – Remediation and Recovery

Not Applicable.

GARRARD COUNTY (GR)

2020 presented a multitude of challenges related to the COVID-19 pandemic. Like many counties both within the Commonwealth of Kentucky and around the country, the Chemical Stockpile Emergency Preparedness Program (CSEPP) counties continue to sustain a prolonged emergency response to manage this ever-changing crisis.

The Centers for Disease Control and the American Red Cross (ARC) determined that congregate sheltering will be performed only in extreme emergency situations and provided a framework for non-congregate sheltering to be used during this time. The Lexington Chapter of the ARC determined that they will not support congregate sheltering exercises during the pandemic. For these reasons, it was decided to remove all sheltering and reception sites from the 2020 exercise.

Social distancing rules remain active within the Commonwealth. A minimum of six feet of spacing is required between personnel. The use of personal protective equipment, hand sanitizer and temperature checks are strongly encouraged. The Kentucky Department for Public Health issued a travel advisory on July 20, 2020 which remained in effect at the time of the exercise. The travel advisory recommends a 14-day self-quarantine for travelers from eight states. Many of the personnel who were scheduled to support the exercise reside in these states.

These factors prevented an in-person, full-scale exercise from being conducted. Only the Emergency Operations Centers in each county were exercised.

Emergency Response Outcome 1 – Preparedness

Garrard County maintains coordinated emergency plans. Garrard County’s Chemical Stockpile Emergency Preparedness Program (CSEPP) Incident Specific Plan was dated December 17, 2018 and signed on March 19, 2019. The CSEPP Director stated that plans are revised as necessary following each CSEPP exercise, following publication of new guidance, or when changes are made to local emergency response capabilities or agreements. The last update was in 2019. The emergency plans are consistent with Army and CSEPP policy and guidance and incorporate the National Incident Management System. The needs of those with limited English proficiency (LEP) are addressed in the plan.

Garrard County maintains an active exercise program. Garrard County captures lessons learned from previous exercises and incorporated in emergency plans and capabilities. For example, in October 2019, Garrard County held a Health and Medical Lifeline workshop to game through some other disaster scenarios. On-post and off-post responders participate regularly in joint exercises in addition to annual CSEPP exercises. Due to COVID this year these joint trainings have been limited. These are addressed in Garrard’s 2019-2022 Multi-year Training and Exercise Plan. The Blue Grass CSEPP Integrated Process Team (IPT) actively supports and oversees the local exercise program. Additionally, Garrard County’s Public Information Officer (PIO) is part of the Blue Grass Public Affairs Group, which is a sub-working group of the IPT.

Garrard County maintains a continuing education program for responders. As described in Garrard County's 2019-2022 Multi-year Training and Exercise Plan, the county conducts formal training and refresher training provided to responders consistent with their duties. While the Emergency Management Agency (EMA) maintains the schedule, individual training records are maintained accessible with the responsible agency.

Garrard County maintains public outreach and a public education program. In Garrard County, information about CSEPP is provided at public events; handout materials, public service announcements, information displays, and other initiatives are used to increase the level of protective action knowledge in the community.

Information about the testing of sirens, indoor alert systems, etc., and their use during an actual emergency are contained in the CSEPP community handout/brochure which is distributed to the public. Garrard County disseminates to those with limited English proficiency, and the EMA engages local church groups in these communities for outreach. Some handouts are in Spanish.

Garrard County maintains the CSEPP emergency response physical infrastructure in an operational status. Equipment in the Emergency Operations Center (EOC) (e.g., radios, telephones, fax machines, recorders, collective protection systems, computer systems, backup power systems, and electronic displays) and alert and notification systems (e.g., computer systems, sirens, indoor alerting systems, Emergency Alert System (EAS), and reader boards) are checked or tested periodically for operability, functionality and time synchronization. The 911 Call Center does daily checks for internal communications equipment, and monthly tests are conducted with the Integrated Public Alert and Warning System (IPAWS). The 911 Call Center also tests daily the primary and back-up communication links between and among designated on-post and off-post notification points. Equipment maintenance and testing records are maintained at the EOC.

Garrard County receives the work plan through a notification each morning of on-post activities and which locations and agents are involved. Garrard County considers the impact on the off-post community for each operation scheduled for the day. Usually, by 0500 each day the County receives the work plan. The 911 Call Center can reach the EMA or CSEPP director 24/7. Two deputy EMA directors are also available.

COVID-19

Since June 2020, the Garrard County EMA primarily served in a coordination and planning role, i.e., coordinating with the county health department and participating in coordination meetings that bring many different agencies together. The Garrard County Health Department (GCHD) has led the COVID response. During this time EMA has provided some logistical support such as pick up and delivering personal protective equipment (PPE). The EOC has not been activated and only in a monitoring status during this period.

The EMA director said IPAWS was not used during pandemic. Instead, EMA used regular social media to get messages out to the public. The approach has been to take a unified approach with information coming from the County Judge and the GCHD and not EMA.

The EMA director stated that the county EMA and the GCHD worked together on logistical and resources needs with the CSEPP Coordinator serving as the Logistical Supervisor and someone from the GCHD serving as the Resource Unit Supervisor. For example, the EMA assisted with the pickup and delivery of PPE and the Garrard County Road Department provided manpower assistance to load/off-load supplies.

When asked if being a CSEPP jurisdiction was helpful in the COVID-19 response, the CSEPP Coordinator responded, “Most definitely”, especially with respect to training and exercises. For example, the Planning Section Chief Training was helpful in setting up virtual meetings and sharing files. He stated that the COVID response did not stress the system. There were issues with staffing when and if employees got infected. As there are no hotels in the county, housing issues might have become an issue. CSEPP has helped EMA with EOC management, public information and JIC operations. Without CSEPP, the county would have been less prepared and would not have many of the resources needed to help manage the incident.

During the COVID response, the fire department did internal decontamination training. Normally, EMA does joint decontamination training with the Army, but not this time. There were three county field decontamination trainings to test new reception center and decontamination sites. This training validated one of three sites as being viable for future locations for the county to use in support of overflow of Zone 3D from Madison County evacuees. One shelter exercise was cancelled/postponed due to American Red Cross guidance on congregate sheltering exercises during a pandemic.

The county’s COVID after-action report (AAR) is not yet complete. The GCHD is coordinating the AAR and EMA will provide input.

During this interview, the GoToMeeting platform worked well, no major issues. Garrard County used this platform through-out their COVID-19 response to manage the EOC virtually with many of the county’s support agencies.

Emergency Response Outcome 2 – Emergency Assessment

Initial notification from the Blue Grass Alert and Notification System (BGANS) came into the Bluegrass 911 Central Communications Network, Garrard County, at 0924. Upon the conclusion of the call at 0925, the 911 dispatcher completed the proper Blue Grass Chemical Activity (BGCA) Off-Post Notification Form noting that there was an explosion involving GB M55 rockets. The protective action recommendation (PAR) was for Madison County zones 1C, 2B, and 2C, and Estill County zone E1, to shelter-in-place. There was no PAR for Garrard County. The 911 dispatcher provided the form to the Emergency Management (EM) and CSEPP Directors. Upon receiving the form, the CSEPP Director accessed WebPuff and verified that Garrard County was not at risk. At 0928, the CSEPP Director, along with the EM Director, announced that an explosion had occurred at the Blue Grass Army Depot (BGAD), but no action was required at this time. Following the CSEPP Director’s announcement, at 0930 the EM Director transitioned the EOC to virtual activation to monitor the emergency.

While there was no PAR for Garrard County, the county activated its EOC as a precautionary measure to support the efforts of Madison County and in anticipation of the need to provide decontamination, reception, and sheltering in the event it was needed.

The Bluegrass 911 Central Communications Network, Garrard County, received four follow-up notifications from BGCA. At 0948 the follow-up notification to the PAR added Madison County zone 1B and Estill County zone 2 to shelter-in-place. At 1010 and 1032 the follow-up notifications to the PAR indicated that exit shelter criteria were met for Madison County zones 1B, 2B, 1C, and 2C. And at 1120 the follow-up notification to the PAR indicated that exit shelter criteria were met for Estill County zones E1 and E2. Each follow-up notification from BGCA was documented on the proper BGCA Off-Post Notification Form and shared with EM and CSEPP Directors. In all instances there was no PAR for Garrard County and the EOC continued to be in virtual activation to monitor the emergency. The Garrard County EOC staff, including the 911 Dispatcher, EM Director, and CSEPP Director, properly received and disseminated emergency notifications from BGAD and successfully used the information to effectively assess their requirements to respond to the BGCA event.

Emergency Response Outcome 3 – Emergency Management

At 0930 the Garrard County EM Director announced his decision to bring the county EOC to a virtual activation to monitor the situation at BGAD. After his decision, at 0936 he requested the Bluegrass 911 Central Communications Network, Garrard County, notify EOC staff and county support agencies through the CIVICREADY emergency notification system. The selected staff of agency heads received notice to login into the county's go-to-meeting platform for further information. At 0937, the county sent their first test EAS message and test Wireless Emergency Alert message through IPAWS.

At 0950 the EM Director conducted a roll call of which staff and agencies were present. The EMA support staff were physically in the EOC, with the others present virtually. All staff utilized the go-to-meeting platform to communicate and receive the activation briefing from the director. He discussed the initial BGANS PAR and that Garrard County was not in the PAR. His decision to activate the EOC was a precautionary measure to support the efforts of Madison County and in anticipation of the need to provide decontamination, reception, and sheltering in the event it was needed. This was followed by each EOC position briefing on what actions they were taking in response to the situation. At 0952 the County Judge stated he signed the Declaration of State of Emergency for Garrard County. The CSEPP director shared the WebPuff visualization of the initial BGANS assessment with staff. This verification showed that Garrard was not in the PAR. The director concluded his briefing at 1004 and declared the EOC operational and monitoring. All actions were entered in the county's emergency management software, WebEOC®.

At 1019, the CSEPP director stated that Garrard County has met their exercise objectives and with concurrence from the EMA Director transitioned the EOC to monitoring role. At 1155, Garrard County received notice of exercise termination. Garrard County performed all tasks required of them.

Emergency Response Outcome 4 – Hazard Mitigation

Not Applicable.

Emergency Response Outcome 5 – Protection

Not exercised in 2020.

Emergency Response Outcome 6 – Survivor and Patient Care

Not exercised in 2020.

Emergency Response Outcome 7 – Emergency Public Information

The Garrard County PIO was in the EOC when the initial notification call from the Depot was received. After the call, the EOC Manager briefed the PIO and Incident Commander of an explosion at the Depot. Garrard County had no PAR and the staff would monitor the event. The EOC Manager directed the PIO to start monitoring social media platforms.

The PIO drafted a news release that stated that the EOC was activated due to the BGAD emergency and that there was no threat to the Garrard County community. The news release was approved by the EOC Manager and sent to the media. An IPAWS message was created by the EOC Manager using a how-to checklist. The IPAWS message was reviewed by the PIO prior to being sent.

Although Garrard County had no direct impact from the Depot accident, they were active and present on social media. A post was created for Facebook stating that the EOC was activated to monitor the explosion at the BGAD. The PIO responded to a Facebook comment about the need to evacuate. He reassured the commenter that Garrard County was not affected. However, in the dialogue with the commenter, the PIO listed zones 1C, 2B, 2C and E1. Since these zones are outside Garrard County, and without proper context, this post could create confusion in the community.

Traditional media monitoring did not appear to be done and one radio story that was overly alarmist about the spread of “deadly GB nerve agent” throughout central Kentucky, including Garrard County was posted on the Exercise Training Network (ETN). This story conflicted with the original Garrard County news release that stated that there was not a threat to county residents. Traditional media monitoring should occur in addition to social media monitoring to correct misinformation.

The Garrard County PIO conducted a remote interview with a mock media reporter that was broadcast live on the ETN. The PIO had an issue with his microphone and video camera, so it proceeded as a phone-style interview. Since live remote interviews are an increasingly common –

and important – interview format, technical difficulties with the PIO computer should be resolved and additional training or drills to practice doing remote interviews should be considered. “Head shots” of the PIO and senior county officials should be readily available to use during radio interviews, live blogs, or other interview formats.

All calls were answered by the PIO. When there were multiple calls at once, the EOC Manager would answer. Calls were answered in a friendly and helpful manner. The information given was prompt and concise. There was one call that needed Spanish interpretation. This call was put on hold for a moment while the Stratus Interpretation Service was contacted.

Emergency Response Outcome 8 – Remediation and Recovery

Not Applicable.

JACKSON COUNTY (JA)

2020 presented a multitude of challenges related to the COVID-19 pandemic. Like many counties both within the Commonwealth of Kentucky and around the country, the Chemical Stockpile Emergency Preparedness Program (CSEPP) counties continue to sustain a prolonged emergency response to manage this ever-changing crisis.

The Centers for Disease Control and the American Red Cross (ARC) determined that congregate sheltering will be performed only in extreme emergency situations and provided a framework for non-congregate sheltering to be used during this time. The Lexington Chapter of the ARC determined that they will not support congregate sheltering exercises during the pandemic. For these reasons, it was decided to remove all sheltering and reception sites from the 2020 exercise.

Social distancing rules remain active within the Commonwealth. A minimum of six feet of spacing is required between personnel. The use of personal protective equipment, hand sanitizer and temperature checks are strongly encouraged. The Kentucky Department for Public Health issued a travel advisory on July 20, 2020 which remained in effect at the time of the exercise. The travel advisory recommends a 14-day self-quarantine for travelers from eight states. Many of the personnel who were scheduled to support the exercise reside in these states.

These factors prevented an in-person, full-scale exercise from being conducted. Only the Emergency Operations Centers in each county were exercised.

Chemical Decontamination in Jackson County is conducted by volunteer fire departments. Since the beginning of the pandemic, Jackson County VFDs have supported Emergency Medical Services in the management and treatment of COVID19 patients. This included a mass casualty event in which 100% of a nursing home was confirmed positive for COVID19. This activity has required multiple donning and doffing of Level C PPE throughout every shift. It was noted that at no time did Jackson County VFD's deploy any decontamination assets to support operations. Nor did the VFDs lead any of the responses. Jackson County was approved for a postponement of field decontamination activities. Jackson County will conduct a field decontamination drill / training in the spring of 2021, or once the COVID-19 risk is reduced to an acceptable level and it is safe to do so. This drill / training event would be evaluated by FEMA CSEPP evaluators.

Emergency Response Outcome 1 – Preparedness

The Jackson County Emergency Operations Center (EOC) is co-located with the Jackson County 911 and emergency medical services dispatch centers. The combined operations of the facility provide expanded communications capabilities which include the use of WebPuff, WebEOC®, CodeRed® notification, and document sharing services for field personnel accountability and patient tracking. The EOC infrastructure is well maintained and kept in good working order.

The Jackson County Incident Specific Plan (ISP) was updated in December 2018 and is consistent with CSEPP policy and the National Incident Management System (NIMS). The Jackson County Emergency Operations Plan (EOP) remains in an ongoing revision status since 2016. Plans are

stored on the emergency management (EM) director's computer and were not visible or readily available in the EOC in hard copy format. EOC staff do have access to the EOP in the EM's Office. The EM director did advise that he is waiting for the arrival of 16 new computers. Once the computers arrive, he will have the EOP and the CSEPP ISP loaded onto each computer. Due to limited personnel resources, Jackson County is not as efficient as some CSEPP communities with updating and maintaining plans, procedures, training, and equipment. It is recognized that Jackson County is adopting best practices from other counties for internal and external emergency management staff positions.

Core EOC staff have been identified and will be notified in a cold start once the EM director receives notification of a Blue Grass Alert and Notification System (BGANS) Alert. The process for EOC staff alert of notification is CodeRed[®] although the county will be changing software to Rave Alert shortly, as the EM director feels this software provides greater flexibility. Both CodeRed[®] and Rave Alert will be utilized to some extent for community notification. The secondary EOC staff notification is phone call down.

The county maintains an active training program for first responders; however, COVID-19 forced the cancellation of two training sessions with the third scheduled training session changed to a virtual setting. Each fire department maintains member training records. The county has purchased ID cards with a bar code with the intention of utilizing the bar code as a process for documenting each emergency worker's training records. This will provide a centralized record of training by the county's staff. As mentioned, the county has limited resources; thus, several initiatives that the EM director is attempting to implement have been delayed.

The county maintains a continuing education and public outreach program. The EM director advised that he does possess pamphlets and brochures. They utilize sporting events in the county such as ball games to promote CSEPP; however, with the COVID-19 restrictions, this has not been implemented this year. The county has a Facebook page which is utilized to share information. The EM director advised he is interested in utilizing social media to a greater extent for both CSEPP education and pushing information for limited English proficiency (LEP) and impaired hearing individuals.

The EM director maintains EOC equipment on a regular basis; however, there were issues signing into CodeRed[®] with his password. The EM director admitted that he has not been as efficient as he should in maintaining inventories, readiness, and expiration of other CSEPP equipment and vehicles. As an example, the EOC maintains powered air-purifying respirators (PAPR); however, the PAPR's filters expired in 2007. It was recognized by the EM director that he needs to develop an inventory system with regular review of operational readiness.

Observation

Subject: Maintain Coordinated Emergency Plans and Procedures

Discussion: During the Emergency Response Outcomes (ERO) 1 interview, the EM director advised that his EOP was still under review and has not been formally adopted. This has been an ongoing process and was not adopted at last year's exercise. When asked

where the plan draft was and the location of the Chemical Accident/Incident (CAI) ISP, he advised it was located in his office. He did state that he is waiting for the arrival of 16 new computers for the EOC and that when they arrive, he will upload plans on the computers. The EOC also did not have checklists or position specific guidebooks. While the EM director had a core team of staffing identified, there lacks specific written procedures identifying those positions and their duties and responsibilities.

Approved EOPs provide EOC staff and county officials with the understanding of duties, responsibilities and legal authority to act in disaster situations. Position specific guidelines provides both a delegation of responsibility and confirmation of tasks that each position should implement. Checklists support proper process and provide reminders for staff who are inexperienced or become overwhelmed due to rapidly changing demands.

All plans, procedures, and position specific guidelines should be readily available within the EOC. The stated goal of the EM director to upload these documents to the new EOC computers should be implemented as soon as possible.

Reference:

1. 2019 Program Guidebook Benchmark 5 Coordinated Plans
2. Jackson County Incident Specific Plan 2018 Plan Development and Maintenance (pg. 53)
3. Jackson County Incident Specific Plan 2018 Plan Guidelines for Changes and Execution (pgs.53-54)
4. Kentucky Division of Emergency Management Administrative Regulations 39B.030, 39B.060, and 39C.050.

Recommendation:

1. Finalize the Emergency Operation Plan and review to ensure that plans are consistent with CSEPP policy and appropriately incorporate NIMS.
2. Ensure the appropriate authorities formally approve all emergency plans.
3. Develop further guidance and checklists for EOC notification and activation, as well as position specific guidance for all positions within the EOC.
4. Ensure proper distribution and access of approved plans and guidelines.
5. Ensure plans address LEP.
6. Ensure a process for review and modifications of plans and procedures after exercises and EOC real-world activations.

Observation

Subject: Maintain the CSEPP Emergency Response Physical Infrastructure in an Operational Status

Discussion: During the ERO 1 interview, the EM director advised that he does conduct regular tests and maintains EOC equipment and supplies. He did not provide a standardized process for other CSEPP equipment, supply stockpiles, and vehicles. Specifically, he

advised that the equipment stored in the trailers is not regularly reviewed for readiness. When he was asked if the county has any PAPRs, he advised they did have some but an examination of the expiration date for the filters was 2007.

When the EOC was activated, the computer equipment, monitors, and software was functioning, except for CodeRed[®]. The EM director had difficulty logging in to initiate the staff recall for the EOC activation. While the issue was resolved and staff recall met the 30-minute guideline, valuable time was wasted.

The development of a proper inventory of CSEPP infrastructure provides a proper accounting of these resources and a process to develop regular and consistent review of readiness by ensuring these resources are properly functioning.

Reference:

1. ERO 1 Maintain the CSEPP Emergency Response Physical Infrastructure in an Operational Status A/C.1.5.E
2. 2019 Program Guidebook Benchmark 2 Alert and Notification (pg. 27) Actions Required
3. 2019 Program Guidebook Benchmark 4 Communications Systems (pg. 45) Actions Required
4. 2019 Program Guidebook Benchmark 1 Administrative Support (pg. 16) Actions Required

Recommendation:

1. Develop asset database of CSEPP infrastructure
2. Establish a process for regular review of operational readiness of these assets to include:
 - a. EOC and JIC equipment (e.g., radios, telephones, fax machines, recorders, collective protection systems, computer systems, backup power systems, and electronic displays) and alert and notification systems (e.g., computer systems, sirens, indoor alerting systems, EAS, and reader boards)
 - b. Provide daily primary and backup communications links confirmation capability
 - c. As established by county policy, conduct regular review of other CSEPP equipment and supplies for operational readiness
 - d. Maintain all records of CSEPP inventory and operational readiness and make them available for review.

COVID-19

Jackson County Emergency Management Agency personnel responded to the SARS-CoV-2/COVID-19 pandemic in 2020. Their EOC was operational during this time but was not activated in a traditional sense. They maintained regular communications with the county health department and other county agencies. One of their primary objectives was to ensure the health and safety of the county workforce since they operate with limited personnel. The incident command structure was not used for the response. Core county staff including the Judge, fire chief, law enforcement

representatives, emergency management representatives, public health, and public information staff worked together to accomplish their mission.

Jackson County actively participated in mutual aid and resource sharing with the Commonwealth of Kentucky, neighboring counties, and within various county agencies. EM worked closely with their state regional EM coordinator, regional health coordinator, and local businesses to meet their objectives and support the overall response effort. As with many emergency response organizations around the country, Jackson County did not have enough personal protective equipment (PPE) for emergency workers. They were able to acquire the needed PPE through mutual aid. When a local COVID-19 testing facility did not have enough shade tents for their operation, Jackson County's Emergency Management Agency was able to provide them.

There were several lessons learned during the COVID-19 response. The relationships that were built with the public health agencies and other organizations responsible for pandemic planning and response were very beneficial. Jackson County Emergency Management now realizes they should have built those relationships prior to the pandemic occurring. This could apply to other future hazards as well. One response gap that was identified involves the sharing of citizens' medical information. The county health department was unable to share COVID-19 testing information with first responders, and that put them at risk when responding. That issue was resolved for designated emergency workers. Other critical workers such as cable and telephone repairmen are still unable to obtain that information. The county considers these workers essential for public information and safety and would like to be able to inform them if they are reporting to the residence of someone who has tested positive for COVID-19. The county does not use the Integrated Public Alert and Warning System, and it was not utilized in Jackson County for this response.

The county emergency management director stated that not one single first responder caught COVID-19 as a result of their work with the county. He contributes that success to the contamination control planning, training, and exercising that is accomplished for CSEPP.

Emergency Response Outcome 2 – Emergency Assessment

The Jackson County Emergency Management Agency (EMA) maintains a 24-hour 911 dispatch desk. During a real-world notification of a chemical incident, the 911 Dispatcher is responsible for the initial receipt of emergency notification, recording detailed information, and notifying the EM director. If the EM director is not available or fails to respond, then the secondary emergency notification goes to the county judge.

The initial notification from Blue Grass Army Depot (BGAD) was received at 0924 BGANS and was documented on the Blue Grass Chemical Activity (BGCA) Off-Post Notification Form. The protective action recommendation did not affect Jackson County. The EM director and EOC staff monitored operations and assessed situational awareness using WebPuff and WebEOC[®]. The EOC provided updates to WebEOC[®] and monitored WebEOC[®] for situational awareness from other counties.

Emergency Response Outcome 3 – Emergency Management

The Jackson County EOC was activated at 0931 following the initial notification from Blue Grass Army Depot. Core EOC staff were pre-designated in both the CodeRed® notification software and an available back up call down roster. The core staff were notified and mobilized to the EOC within the 30-minute guideline. Delays in staff notification were caused by the lack of an activation code for the CodeRed® software. Once login issues were resolved, a message was relayed to all core EOC staff through phone, text, and email, instructing them to report to the EOC. All staff arrived at the EOC by 0948 including the emergency management director, emergency medical services director, the information technology/911 supervisor, finance and admin, documentation lead, two call takers, and the county judge executive. The EOC was declared operational at 0953 and remained operational for the duration of the exercise.

The EOC staff maintained situational awareness of the incident by monitoring BGCA Off-Post Notification Forms, WebPuff, and WebEOC®. They submitted their significant events into WebEOC® and also monitored the significant events of surrounding counties through WebEOC®. No area command or unified command was established, and no verbal interaction with surrounding jurisdictions was observed.

The EOC leadership and staff worked well together to monitor the incident and provide appropriate response measures. They mobilized staff to activate the designated county decontamination site. They responded to multiple exercise injects ranging from public inquiries to evacuation route impediments. They used all available information to provide guidance to the public and to make sure workers in the field remained safe. No additional resources were requested by the county and they did not experience any resource shortfalls during the exercise.

As a corrective action for issues that occurred in the BGAD 19 Exercise, the EM director made some effective changes to the EOC staffing and processes that supported a more efficient EOC operation. Part of the EOC staffing included the utilization of two call takers who were responsible for taking routed calls from the 911 center into the EOC. They also were responsible for collecting and recording information to support both situational awareness and EOC responsibilities for support and coordination of the incident. Secondly, the EOC maintained an activity log which was projected on a large screen in the EOC; this supported situational awareness among the EOC staff.

While there was some initial confusion at the start of the exercise, including the receipt of a fax which was blank, the EOC did evaluate and assess the community alert properly. WebPuff was reviewed and projected on a monitor in the EOC which confirmed no requirement for a protective action in Jackson County. The EOC received updated off-post notification forms at 0955, 1037, and 1110. Each time, the information was properly evaluated, and it was agreed no change was required for Jackson County's protective actions.

Observation

Subject: Delegation of Routine Response Actions

Discussion: At the start of the exercise, the EM director became slightly inundated with tasks due to challenges logging into CodeRed®. He was delayed in his response and unable to immediately assess the situation. Technological challenges and delays are to be expected, but they should not delay the EM director’s primary responsibility of assessing and managing the incident. Routine tasks associated with activating the EOC and maintaining the response should be delegated to others if available. This will allow the EM director to focus on assessing the situation, coordinating with subject matter experts, and developing protective actions for the public and operational objectives for the response.

Reference:

1. Exercise Implementation Guidance CSEPP ERO 3 C.3.2.E Activate and Operate the Emergency Operations Center
2. 2019 Program Guidebook Benchmark 6 Emergency Operations Centers

Recommendation:

1. Review tasks associated with activating and operating the EOC and assign those tasks to specific support staff.
2. Document position specific responsibilities and cross train staff members on tasks required to activate and operate the EOC

Emergency Response Outcome 4 – Hazard Mitigation

Not Applicable.

Emergency Response Outcome 5 – Protection

Not exercised in 2020.

Emergency Response Outcome 6 – Survivor and Patient Care

Not exercised in 2020.

Emergency Response Outcome 7 – Emergency Public Information

Not exercised in 2020.

Emergency Response Outcome 8 – Remediation and Recovery

Not Applicable.

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LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT (LF)

2020 presented a multitude of challenges related to the COVID-19 pandemic. Like many counties both within the Commonwealth of Kentucky and around the country, the Chemical Stockpile Emergency Preparedness Program (CSEPP) counties continue to sustain a prolonged emergency response to manage this ever-changing crisis.

The Centers for Disease Control and the American Red Cross (ARC) determined that congregate sheltering will be performed only in extreme emergency situations and provided a framework for non-congregate sheltering to be used during this time. The Lexington Chapter of the ARC determined that they will not support congregate sheltering exercises during the pandemic. For these reasons, it was decided to remove all sheltering and reception sites from the 2020 exercise.

Social distancing rules remain active within the Commonwealth. A minimum of six feet of spacing is required between personnel. The use of personal protective equipment, hand sanitizer and temperature checks are strongly encouraged. The Kentucky Department for Public Health issued a travel advisory on July 20, 2020 which remained in effect at the time of the exercise. The travel advisory recommends a 14-day self-quarantine for travelers from eight states. Many of the personnel who were scheduled to support the exercise reside in these states.

These factors prevented an in-person, full-scale exercise from being conducted. Only the Emergency Operations Centers in each county were exercised.

The hospitals within the CSEPP footprint have been heavily impacted by the pandemic. In most cases they have exceeded 100 days in emergency operations. The level of critical respiratory illness managed during this event could be on par with what we might expect in a CSEPP event. Management of patients, staff, and ever-changing logistics are just a few of the challenges they have faced. All Lexington-Fayette hospitals were approved for exercise credit and did not exercise in September 2020.

Emergency Response Outcome 1 – Preparedness

The Lexington-Fayette Urban County Government (LFUCG) maintains coordinated emergency operations and incident-specific plans and a standard operating procedure (SOP). The comprehensive plan consists of a base plan and emergency support function (ESF) annexes. The current plan is dated January 2013. The SOP was revised in 2017 and contains procedures for the operation of the EOC and related functions. The plan is reviewed and updated when necessary after real-world emergencies and exercises and is consistent with the Chemical Stockpile Emergency Preparedness Program (CSEPP) policy and guidance. The plans are consistent with the National Incident Management System (NIMS) and identifies and provides procedures for the needs of those with Limited English Proficiency (LEP). These plans and procedures were available and accessible in the Emergency Operations Center (EOC).

An active exercise program routinely tests plans and procedures. On-post and off-post responders regularly participate in the quarterly Chemical Accident/Incident Response and Assistance

(CAIRA) exercises and in the annual CSEPP exercise. LFUCG participates in the community integrated process team (IPT) and contributes and supports the local exercise planning team. They meet with their coordinators every month to provide updates, training and information from lessons learned in all exercises to include airport, hospital, Local Emergency Planning Commission and various community exercises.

Emergency responders are identified, trained, and certified as required. A continuing education program for emergency responders and EOC staff is provided and supported by LFUCG. Refresher training is conducted on a recurring basis; the jurisdiction incorporates lessons learned from previous exercises and real-world incidents into planning and response. The training follows NIMS standards, guidelines, processes and procedures. The Division of Emergency Management (DEM) maintains training records for the emergency operations center staff. Local fire and law enforcement agencies manage and maintain their own training records.

LFUCG maintains a robust public outreach and education program by hosting and attending public events. The jurisdiction provides handout materials, public service announcements, displays and other timely and incident-specific initiatives to increase the protective action knowledge in the community.

The community IPT routinely reassesses the effectiveness of its public information and education programs and adjusts the messages as needed. The LFUCG uses social media including Facebook, Twitter, Instagram, Flickr, Next Door and YouTube to get out the message and participates in testing of the Integrated Public Alert and Warning Systems (IPAWS).

The LFUCG conducts an awareness program to inform the public about siren tests, indoor alert systems, etc., and what to do in an actual emergency. Alert and notification systems are routinely tested in silent and audible modes. Testing schedules are published at BeReadyLexington.com.

COVID-19

Fayette County continues to respond to the COVID-19 pandemic. Throughout their response they have implemented emergency operations while remaining sensitive to staff burn out rates. As a result, staffing of the EOC is rotated continually. Incident Command (IC) is designed to be modular. Fayette has utilized the command system structure along with emergency support functions. Those functions include fire, health and medical, law enforcement and finance and CSEPP Coordinator position.

Fayette did not use IPAWS to send messages related to COVID-19. The county utilized their Everbridge system to notify the public of available testing sites.

At the start of the pandemic the county had trouble working resource request. In order to address the issue county leadership tasked the Lexington-Fayette Urban County Government Division of Emergency Management Agency as the logistical lead. As the lead, they have managed to release resources request related to PPE, sanitizers and masks. The streamlined process allowed the agency to manage expectations more effectively. The Emergency Management (EM) Director identified this as an agency best practice.

Fayette County attributes their effectiveness in COVID-19 management to the CSEPP Annual Exercise requirement. CSEPP allows them to build and maintain relationships especially with the hospitals. The hospitals have not only built relationships with emergency management, but with each other.

During the site visit the Zoom platform worked well and there were no major issues. The county was very familiar with the platform because they have used it throughout the pandemic.

Emergency Response Outcome 2 – Emergency Assessment

The Emergency Alerting Systems Specialist and Communications Supervisor received the initial notification from Blue Grass Chemical Activity (BGCA) on the Blue Grass Alert and Notification System) BGANS phone at 0924. The call included the pertinent information from the accident on-post. The staff member completed the BGCA Off-post Notification Form with the following information: This is an initial notification of a test exercise message involving GB chemical agent. The designated emergency level is *community emergency*. There was no protective action recommendation (PAR) for Fayette County. The Communications Supervisor notified the EM Director and EOC Manager of the recommendation and uploaded the document to WebEOC®. Fayette received three more updates from BGCA. These notifications identified exit shelter and shelter-in-place (SIP) criteria for Clark and Estill Counties. They were also loaded into WebEOC®, and briefed to the EOC manager and EM Director. Fayette used the information to assess their requirements to respond to the BGCA event effectively.

Emergency Response Outcome 3 – Emergency Management

The EOC staff at Fayette County were pre-staged at their ESF work locations. Notification of the BGCA accident was received by the EOC staff via an update brief from the Emergency Management Director at 0931. This initial brief was followed by a notification message posted in WebEOC® at 0945 of a *community emergency* alert with a PAR of zones 1C, 2B, 2C, and E1 to SIP. The wind direction at that time was at 132 degrees. At 0950 there was a request submitted for Radio Amateur Civil Emergency Services (RACES) support in the EOC. The EOC was staffed and functional at 0953. At 1002 a follow up notification message was posted in WebEOC® with a change in wind direction to 260 degrees. A county emergency declaration was signed at 1003.

Direction and Control was maintained during the exercise by the EOC Director, EM Manager and the Communications Officer. A continuous flow of information was shared amongst all players and functions, during hourly briefs. All decisions and tasks were shared effectively, which allowed for the appropriate staff to address issues as they arose.

All notifications, tasks, and citizen request were recorded in WebEOC® and briefed to the EOC staff. This action enhanced situational awareness and ensured all ESFs had a full operational picture. EOC staff also used WebEOC® to fulfill request from the field. All request for support and supplies were sent to WebEOC® on the Tasks Command folder. The Reception Center requested a wheelchair battery at 1035 and task was completed within an hour.

By adhering to plans and maintaining checklists, staff easily accomplished associated requests and tasks entered to the system. EOC staff accomplished their objective of submitting status updates and request from field locations and ESFs positions.

Emergency Response Outcome 4 – Hazard Mitigation

Not Applicable.

Emergency Response Outcome 5 – Protection

Emergency Operations Center (EOC)

In a separate room, Reception center and Decontamination personnel conducted a tabletop discussion to simulate exercise activities. Upon notification of the BGCA event, the Jacobson Park Reception Center was activated. An update was submitted into WebEOC® indicating that the Reception Center was being activated at 0953. At 1015 the Reception Center was open for reception and decontamination. There was constant communication between the EOC and the center. The Reception Center considered the necessary COVID-19 protocols. There were specific issues identified regarding individuals with special needs. Those issues were relayed to the appropriate individuals for resolution within the required timeframe. The communication and processes flowed smoothly.

The staff at the Reception Center remained in direct contact with the EOC. Special attention was given to the status of the Madison County sheltering. Upon Madison County exiting sheltering, the reception center remained in monitoring status until they received the all clear notification.

In addition to the site activation, a separate virtual room was operational during the exercise that included several staff that hold responsibility for Reception Center operations. During this session, the staff were questioned and surveyed on how they would respond in certain situations including scenarios based on injects provided. The staff identified options for resolutions, plans, and protocols currently in place.

During this exercise Fayette County utilized IPAWS to inform the public of the protective action decision (PAD) related to the side scenario involving a train derailment. The county initiated a PAD for SIP within a 1-mile radius of the incident. The decision by the Fayette County Operations Officer was based on information from the county Fire/HazMat team that was in route to the scene.

At 1017 IPAWS Message: 534916701934861 2020-09-16 14:17 SPW CSEPP EX – SIP was released within the closed loop IPAWS Lab environment. The message text included Wireless Emergency Alert (WEA): “This is an exercise message. There has been an emergency in your area. Stay indoors, turn off air conditioning, close doors and windows. This is an exercise message.” The county conducted all previous monthly IPAWS Lab testing requirements and has a up to date alerting authorization.

After more information was gathered by the on-scene commander which included, type of chemical spill, estimated quantity of spill, and wind direction, the county then adjusted the PAD to SIP for 4.2 miles down wind.

The IPAWS message was issued at 1054, once again within the closed loop. It included the following information: IPAWS Message: 534916701934900 2020-09-16 14:54 EVI CSEPP EX – Evacuation. Message text included WEA: “This is an exercise message. If outdoors, move indoors or to a safe location outside Fayette County. This is an exercise message.” This resulted in the following Emergency Alert System (EAS) Message text included: “A CIVIL AUTHORITY HAS ISSUED an EVACUATION IMMEDIATE FOR THE FOLLOWING COUNTIES/AREA: FAYETTE, KY; AT 10:54 AM ON SEP 16, 2020 EFFECTIVE UNTIL 11:54AM.” Message from Lex KYEM. “This is an exercise message. If outdoors, move indoors or to a safe location outside Fayette County. This is an exercise message.”

The PAD for the county in both instances was to SIP. The second IPAWS message released was titled “Evacuation”. This message contained information to both evacuate and to shelter-in-place. This message also contained information as if it was from Lex KYEM and not Fayette County. This could be extremely confusing to the public.

Status of Previous Findings

❖ Previous Finding Number: LF18.5.1

Subject: Lack of Law Enforcement Officer

Resolved: No. Incorporated in finding LF19.5.1

Status of Previous Findings

❖ Previous Finding Number: LF19.5.1

Subject: Lack of Law Enforcement Officer

Resolved: No. Incorporated in finding LF20.5.1

Finding LF20.5.1

Subject: Lack of Law Enforcement Officer

Discussion: According to the LFUCG CSEPP Reception Center Operations Plan, “This plan is specific to the use of the Kentucky Horse Park (KHP) as the reception center's location.” This was not the venue used for reception and no plan was provided specific for Jacobson Park. As no plan for Jacobson Park was provided, responsibilities in accordance with the KHP site plan are assumed to remain with the same agencies in the new location.

No LEO was present upon set up of the Reception Center, and no security checks of the site were conducted. There are exterior access doors for each bathroom which can allow registered persons to depart without signing out or passing a registration team member. This also can present a serious security concern, as it could potentially permit unauthorized and unaccounted for persons to enter the shelter. (The evaluation team checked the doors before the arrival of the reception team, as this was an issue in a 2018 exercise finding, and ensured they were locked.) No LEO or reception team member was observed checking and/or monitoring these doors, nor was any discussion of their status heard.

No LEO or security personnel were present at the time of the reception center opening to assist with defusing the tension and anger that arriving clients displayed. The oversight caused the registration center staff to spend an inordinate amount of time addressing individual clients, instead of managing the group as a whole, which further led to other clients becoming disruptive and combative. These behaviors quickly turned verbally abusive towards reception center staff and other clients. While LEO support was eventually requested, only one officer was observed entering the reception center. Many situations that required LEO involvement were not addressed. These included two clients loudly arguing as to why one of the clients had a concealed firearm on their person. One client was upset that it was present; the other was committed to the viewpoint that it was their legal right to carry a properly permitted firearm. Firearms are not allowed in the reception center, and the reception center staff had posted signs on the interior and exterior with a graphic showing a firearm within a circle with a line through it. This was a very loud ongoing discussion covering 10 minutes with no officer present and no interjection from any reception staff. Once an officer was present, the discussion was initiated loudly again for a period of over five minutes. Due to the single officer being involved in a potentially violent scenario on the other side of the room, this was not addressed. The individual in possession of the firearm was cleared to leave the reception center with no intervention occurring and was placed outside with a group of individuals simulating transportation to a shelter, including the client the argument had been with. There were three individuals with guns allowed to enter the center and all were transported to a shelter. Entry should not have been permitted by reception center staff, as it is a safety issue for all staff and clients.

Other scenarios included potential fights over money, aggressive clients demanding food, clothing, or release from the reception center, and persons potentially using drugs. In the case of the drugs, the reception staff stated the proper protocols to have an individual removed, but did not vocalize that they would mention the drug usage to the responding officer. This could put officer safety at risk. Further, not having the officer already on site allows time for the individual to panic or plan an escape, which could lead to further injuries and escalation of stress among all reception clients.

Compounding these issues, the reception manager and team members did not request LEO support until the situation was well out of hand. A law enforcement officer would have had a chilling effect upon this situation from the onset. A minimum two-officer team (one for external pedestrian traffic flow, one for internal show of authority) should be considered a priority and mandatory future assignment for reception operations. This is a repeat finding from BG18 CSEPP exercise.

Reference:

Lexington-Fayette Urban County Chemical Stockpile Emergency Preparedness Program Incident-Specific Plan, Revised December 2018.

1.3.2 Major Changes from 2017 release.

Does not include a change of Decontamination and Reception location to Jacobson Park from Kentucky Horse Park.

6.5.11 ESF 13 Law Enforcement.

ESF-13 (Lexington Police Department) will:

(Requirement) “Provide traffic control and security at: The reception center”

No LEO assets were present at the Jacobson Park reception center at the onset operations, and the single LEO deployed after the situation was out of hand was insufficient to address all the ongoing issues.

Lexington-Fayette Urban County Government Chemical Stockpile Emergency Preparedness Program Reception Center Operations Plan (DRAFT) August 10, 2015. (This was the most current version of this plan accessible to evaluators)

Table 5: Reception and Sheltering Assets by Agency, page 17.

(Requirement) “LPD: 1 sworn officer w/vehicle”

LPD did not provide sufficient LEO support to the Jacobson Park Reception Center at the onset of operations, and the single officer sent upon request of the Reception Center manager could not address all the ongoing issues.

5.6.7 Shelter Security, page 22.

(Requirement) “Once the shelters are operational, KHP Mounted Police will lock all entrances to the Alltech Arena except the following.”

Entryways were unchecked, potentially allowing unfettered access to the reception center.

(Requirement) “LPD will station personnel within the Alltech Arena to ensure the security of shelter workers and occupants.”

No LEO assets were present at the Jacobson Park reception center at the onset operations, and the single LEO deployed after the situation was out of hand was insufficient to address all the ongoing issues.

Lexington-Fayette Urban County Chemical Stockpile Emergency Preparedness Program Incident-Specific Plan, Revised December 2018.

6.4.3 Sheltering Operations, page 28.

(Requirement) “Local law enforcement personnel will maintain order and security for the shelters, as well as traffic and access control to and from the shelters”

No LEO assets were present at the Jacobson Park reception center at the onset operations, and the single LEO deployed after the situation was out of hand was insufficient to address all the ongoing issues.

6.5.11 ESF-13: Law Enforcement, page 35.

(Requirement) “Provide traffic control and security at: The reception center”

This directs authority and responsibility for traffic control and security at the registration center to the Lexington Fayette Division of Police.

Lexington-Fayette Mass Care Draft, 14 June 2019.

2.5 Support Agencies, page 7.

Lexington Division of Police

Assist with coordination to ensure security and law enforcement is maintained in evacuation, shelter and feeding operations in the operational area.

Recommendation: A LEO support requirement is already identified in plans for reception centers. Previous recommendations included that Emergency Management should establish a checklist, including arrival or presence of the identified agencies at the reception center, in order to determine if all required elements are on site prior to opening the reception shelter to the public. Reception/shelter team members and managers should be trained about the security requirement for any center and should call for any missing assets through their command or the EOC prior to declaring the facility operational. Any reception center or shelter manager checklist to open a facility, whether in printed form as part of a deployed kit, or as an element of the position checklist within WebEOC®, should clearly have this as a requirement prior to achieving operational status. Under no circumstances should a reception center be considered operational until these LEO assets have ensured the security of the venue itself and established an authoritative presence to quickly deflate outbursts and respond to violations of rules and illegal activities within the reception center population.

Finding: LF20.5.2

Subject: IPAWS message for Protective Action Decision cited Evacuation instead of Shelter-in-Place

Discussion: Fayette County executed the side scenario involving a train derailment. This event initiated a PAD for SIP within a 1-mile radius of the train derailment based on information from the county Fire/HazMat team.

The 1017 IPAWS Message: 534916701934861 2020-09-16 14:17SPW CSEPP EX – Shelter-in-Place was then released. The Message text included WEA: “This is an exercise message. There has been an emergency in your area. Stay indoors, turn off air conditioning, close doors and windows. This is an exercise message.”

At 1048 after more information was gathered by the on-scene commander, the county made the protective action decision to modify the SIP order from a 1-mile radius to a SIP 4.2 miles down wind.

The next message was issued at 1054. It included the following information: IPAWS Message: 534916701934900 2020-09-16 14:54 EVICSEPP EX – Evacuation message was then released. The Message text included EAS: “A CIVIL AUTHORITY HAS ISSUED an EVACUATION IMMEDIATE FOR THE FOLLOWING COUNTIES/AREA: FAYETTE, KY; AT 10:54 AM ON SEP 16, 2020 EFFECTIVE UNTIL 11:54AM.” Message from Lex KYEM. “This is an exercise message. If outdoors, move indoors or to a safe location outside Fayette County. This is an exercise message.” Message text included WEA: “This is an exercise message. If outdoors, move indoors or to a safe location outside Fayette County. This is an exercise message.”

The information provided to the public did not match. I The PAD was to SIP. The second message was titled “Evacuation”. The message in the EAS text gave evacuation information and then in the WEA portion of the message gave SIP information.

Reference: Lexington Fayette Emergency Operations Center SOP, CSEPP Exercise Implementation Guide, IPAWS Implementation Guide, Public Safety Communications Ten Keys to Improving Emergency Alerts, Warnings & Notifications Section 6.

Recommendation: LFUCG should conduct a root cause analysis to determine if this issue is the result of human error, a failure to follow IPAWS Governance documents and SOPs, or a technical issue, and then develop a Corrective Action Plan based on that analysis.

Emergency Response Outcome 6 – Survivor and Patient Care

Baptist Health Lexington

Due to the extreme hardship of the COVID-19 pandemic and the uncertainty of their ability to participate in the 2020 Blue Grass Community CSEPP Exercise, Baptist Health Lexington (BHL) requested exercise credit in lieu of participation. BHL’s COVID-19 response after-action report below summarizes their response activities and capabilities that are applicable to related Exercise Evaluation Guide tasks. This documentation also includes the identification of strengths and opportunities for improvement and prioritized corrective actions.

BHL is a tertiary care facility, recognized for heart and cancer care. The hospital is licensed for 434 beds and offers a full spectrum of medical surgical services. The 39-bed emergency department (ED) provides 24/7 emergency care to approximately 44,000 patients annually, although patient ED volume has decreased during the pandemic. The ED is staffed with board certified emergency medicine physicians, physician assistants, nurse practitioners, registered nurses (RN), patient care technicians, and other ancillary staff.

BHL maintains supplies of DuoDote[®] antidote treatment provided by the CSEPP as listed below:

Chemical Agent Pharmaceutical Inventory			
Medication	Dosage Amount	Number	Expiration Date
DuoDote [®]	Unit	30	August 2022

In advance of the scheduled exercise, a virtual interview was conducted with hospital administrative personnel for the purpose of validating and updating COVID-19 response activities. In addition, the facility's compliance with the following Emergency Response Outcome 1 Preparedness capabilities was validated:

- A/C.1.1.E - Maintain Coordinated Emergency Plans and Procedures - Emergency plans related to the possibility of a CAI are current, coordinated, and available where needed. Emergency plans are updated as necessary.
- A/C.1.3.E - Maintain a Continuing Education Program for Responders - Emergency responders are identified, trained, and certified as required. Training records are kept and organized.
- A/C.1.5.E - Maintain the CSEPP Emergency Response Physical Infrastructure in an Operational Status - All components of the CSEPP emergency response physical infrastructure (e.g., facilities, vehicles, equipment, supply stockpiles, and alert and notification systems) are checked, tested, and maintained on a regular basis; all components of the infrastructure are available and operational.

During the COVID-19 response, BHL engaged in a variety of proactive measures, including, but not limited to: activation of a Hospital Incident Command System (HICS); activation of their emerging illness/pandemic and surge plans; communication with internal and external agencies; and procurement and disbursement of supplies.

IC meetings were initially held daily, both internally and at the system level, via WebEx, Zoom or Skype. In-person meetings are now held weekly at a minimum. Each meeting allows for the consideration of immediate issues and/or opportunities to evaluate the care of patients. Baptist Health Lexington has worked closely with Fayette County Emergency Management, city and state government entities, and within their System to ensure cohesive and ongoing readiness for patients and protection of staff.

To protect staff and cohort infectious patients, three hospital units (totaling 77 beds) were converted to negative pressure units. Management rounding was done to ensure staff compliance with personal protective equipment (PPE) standards. Donning/doffing posters were placed on all patient doors and throughout the ED, and a validation tool was completed by all staff for donning/doffing PPE and controlled air-purifying respirator use.

In preparation for the arrival of patients in the ED, a temporary door was constructed between the ED entrance doors and ED information desk. RNs from other departments were relocated to the ED to screen patients. Working in conjunction with Fayette County Emergency Management and Lexington Fire Department, the facility's Zumro[®] tent was deployed, and two additional Zumro[®] tents were obtained and deployed as preparation for surge. Physicians, administrators and clinical staff developed protocols and provided staff education on the surge tents.

The hospital identified communication as their top strength, both internally with staff and patients and externally with families, media, and outside sources. The effectiveness of communication

strategies with patients and families was validated by an increase in the facility's Patient Scorecard in communication during the COVID-19 pandemic. The facility plans to review and continue to use all available mechanisms to communicate with patients/families after the national pandemic has resolved. The hospital also cited their ongoing relationship with county and state emergency management agencies as a strength.

The need to update various emergency response plans was a self-identified area for improvement in the early response to the pandemic. The Emergency Operations Plan (EOP) and Hazard Vulnerability Analysis were recently updated and approved. Other plans will be reviewed and updated in the future. Additional areas for improvement included the need to maintain supplies above and beyond needed PPE and the need to educate medical staff about the EOP.

BHL identified several lessons learned and best practices from their COVID-19 response. Teamwork and routine drills (e.g., Code Pink, CodeRed®, CSEPP, etc.) helped in preparing staff for the pandemic response. Another best practice was the conversion of entire units to negative pressure so that infectious patients could be centralized to defined locations. A daily morning meeting lead by the chief nursing officer with administrators, physicians, other clinicians, etc. to discuss current status provided an open forum for patient care discussion among care providers. Additional best practices identified included the use of a "bed czar", an in-house network that provided a consistent location for communication with staff (e.g., protocols, policies, etc.) and outstanding infection control leadership.

BHL's response to COVID-19 was similar in many ways to the hospital response of a *community emergency* from the Blue Grass Army Depot (BGAD), requiring many of the same skills, tools, communication channels, and a heavy reliance on interagency coordination. The unique challenges and lessons learned in their response to the COVID-19 pandemic will strengthen future emergency response. The CSEP Program benefits from the knowledge that if an actual CSEPP community response was necessary, BHL validated their true capability through their response to a real-world event.

Saint Joseph and Saint Joseph East Hospitals

Due to the extreme hardship of the COVID-19 pandemic and the uncertainty of their ability to participate in the 2020 Blue Grass Community CSEPP Exercise, Saint Joseph Hospital (SJH) and Saint Joseph East (SJE) requested exercise credit in lieu of participation. SJH's and SJE's COVID-19 response after-action report below summarizes their response activities and capabilities that are applicable to related Exercise Evaluation Guide tasks. This documentation also includes the identification of strengths and opportunities for improvement and prioritized corrective actions.

SJH is a 468-bed acute care facility located in Lexington, Kentucky. The hospital is nationally recognized for excellence in the areas of Neuroscience, Stroke, Pulmonary, Gastrointestinal Care, as well as Cardiovascular and Endovascular care. The ED has 35 beds and peak staffing includes two physicians, two mid-level providers, seven registered nurses, and three ED technicians.

SJH maintains supplies of DuoDote® antidote treatment provided by the CSEPP as listed below:

Chemical Agent Pharmaceutical Inventory			
Medication	Dosage Amount	Number	Expiration Date
DuoDote®	Unit	30	August 2022

SJE is a 217-bed, full-service, community hospital located in the southeastern section of Lexington, Kentucky. The ED has 23 beds and peak staffing includes two physicians, two physician assistants, and seven registered nurses.

SJE maintains supplies of DuoDote® antidote treatment provided by the CSEPP as listed below:

Chemical Agent Pharmaceutical Inventory			
Medication	Dosage Amount	Number	Expiration Date
DuoDote®	Unit	25	August 2022

In advance of the scheduled exercise, a virtual interview was conducted with administrative personnel for both hospitals for the purpose of validating and updating COVID-19 response activities. In addition, the facility's compliance with the following Emergency Response Outcome 1 Preparedness capabilities was validated:

- A/C.1.1.E - Maintain Coordinated Emergency Plans and Procedures - Emergency plans related to the possibility of a CAI are current, coordinated, and available where needed. Emergency plans are updated as necessary.
- A/C.1.3.E - Maintain a Continuing Education Program for Responders - Emergency responders are identified, trained, and certified as required. Training records are kept and organized.
- A/C.1.5.E - Maintain the CSEPP Emergency Response Physical Infrastructure in an Operational Status - All components of the CSEPP emergency response physical infrastructure (e.g., facilities, vehicles, equipment, supply stockpiles, and alert and notification systems) are checked, tested, and maintained on a regular basis; all components of the infrastructure are available and operational.

NOTE: SJH anticipates a new CSEPP issued decontamination tent as their existing tent is in poor repair.

During the COVID-19 response, the HICS was implemented, and a variety of activities were undertaken in preparation to receive infectious patients and protect staff. The facility engaged in surge preparedness activities, including mobilization and cross-training of additional personnel and the deployment of a mobile tent. A variety of infection control measures were implemented, including, but not limited to: reviewing and revising PPE donning/doffing procedures; implementing PPE preservation strategies; screening and segregating potential COVID-19 candidates; ongoing education and monitoring of employee exposure and infectious vector

pathways; and training related to protected “Code Blue” response with potentially infected patients.

The facilities identified their top strengths as a robust internal command structure, a multidisciplinary approach for surge preparedness and resource allocation, and ongoing revision of policies and procedures based on changing guidance for patient care and staff protection. Their self-identified areas for improvement focused on better “downstream” communication of process and policy changes, as well as better “upstream” communication of the challenges and complications to regional emergency management. More succinct training and auditing for compliance with guidelines and policies by frontline staff was another area for improvement. Prioritized corrective actions were identified for each area for improvement.

Both hospitals identified several lessons learned from the COVID-19 response. The importance of communication was a significant theme throughout response activities, internally and externally. The need for facility readiness for future events was addressed, e.g., negative pressure room availability, increased Intensive Care Unit beds, and areas for segregating infectious/potentially infectious patients. Additional lessons learned were the need for ongoing education and reassessment of employee compliance with infection control policies and procedures, and the need for a more formal safety/hazard response point person beyond direct ED management.

Each hospital’s response to COVID-19 was similar in many ways to the hospital response of a *community emergency* from the BGAD, requiring many of the same skills, tools, communication channels, and a heavy reliance on interagency coordination. The unique challenges and lessons learned in their response to the COVID-19 pandemic will strengthen future emergency response. The CSEP Program benefits from the knowledge that if an actual CSEPP community response was necessary, SJH and SJE validated their true capability through their response to a real-world event.

University of Kentucky HealthCare (Albert B. Chandler and Good Samaritan Hospitals)

Due to the extreme hardship of the COVID-19 pandemic and the uncertainty of their ability to participate in the 2020 Blue Grass Community CSEPP Exercise, University of Kentucky HealthCare Albert B. Chandler (UKCH) and Good Samaritan (UKHC-GS) hospitals requested exercise credit in lieu of participation. UKCH’s and UKHC-GS’s COVID-19 response after-action report below summarizes their response activities and capabilities that are applicable to related Exercise Evaluation Guide tasks. This documentation also includes the identification of strengths and opportunities for improvement and prioritized corrective actions.

UKCH is an 839-bed acute care hospital in Lexington, Kentucky, approximately 31 miles north-northwest of the Blue Grass Army Depot. It is a Level I Trauma Center with 102 ED beds/spaces, 34 operating rooms, and 123 intensive care beds. Patient volume in the ED decreased initially in spring 2020 due to COVID-19, but resumed average volume in June (approximately 85,000 visits/year). The number of hallway beds in the ED has been decreased due the addition of a 28-bed negative pressure overflow space. The ED peak time staffing (3pm to 11pm) is 14 physicians and 40 nurses. On the day/afternoon shift, routine staffing is four attending physicians, three advanced practice providers, six to eight resident physicians, 14 technicians, five paramedics, and five-unit clerks.

Current inventory of CSEPP nerve agent antidote maintained at UKCH is in the table below.

Chemical Agent Pharmaceutical Inventory			
Medication	Dosage Amount	Number	Expiration Date
DuoDote®	Unit	30	August 2022

UKHC-GS is located one mile north of its sister facility. UKHC-GS is a 250-bed facility with 21 ED beds, 15 intensive care beds, and 10 operating rooms. During peak hours, the ED is staffed with one physician, two advanced practice providers, seven registered nurses, two technicians, and one unit clerk. Currently, UKHC-GS does not have CSEPP issued DuoDote®.

In advance of the scheduled exercise, a virtual interview was conducted with hospital administrative personnel for the purpose of validating and updating COVID-19 response activities. In addition, the facility's compliance with the following Emergency Response Outcome 1 Preparedness capabilities was validated:

- A/C.1.1.E - Maintain Coordinated Emergency Plans and Procedures - Emergency plans related to the possibility of a CAI are current, coordinated, and available where needed. Emergency plans are updated as necessary.
- A/C.1.3.E - Maintain a Continuing Education Program for Responders - Emergency responders are identified, trained, and certified as required. Training records are kept and organized.
- A/C.1.5.E - Maintain the CSEPP Emergency Response Physical Infrastructure in an Operational Status - All components of the CSEPP emergency response physical infrastructure (e.g., facilities, vehicles, equipment, supply stockpiles, and alert and notification systems) are checked, tested, and maintained on a regular basis; all components of the infrastructure are available and operational.

During the COVID-19 response, the University of Kentucky HealthCare hospitals engaged in a variety of proactive measures, including, but not limited to: activation of a HICS; establishment of two-way communication streams with neighboring hospitals and government entities; initiation of surge protocols, including a surge tent for isolation/triage, and proactive planning for an alternate care site and expanded morgue capacity; and implementation of drive-through COVID testing for employees. Procedures for donning/doffing PPE were developed and additional staff were fit tested. Intensive infection control training, including donning/doffing PPE, was conducted by an in-house team for 300 ED staff members. Intensive training on donning/doffing for personnel outside of the ED was conducted through the simulation laboratory. Videos have been filmed on the use of Occupational Health and Safety Administration Level C PPE and will be deployed virtually for on-going training. Several facility environmental controls were employed to adapt the environment to accept People Under Investigation or COVID-19 positive patients. These environmental controls included implementation of patient tracking procedures to ensure COVID-19 patients were cohorted, facility lockdown, and employee/vendor screening. A fire response plan for the COVID floor was developed due to the increased volume of patient care items and staff in the area, including additional security guards required for in-patient forensic patients. Although

both sister facilities have the capacity for COVID-19 testing, all COVID-positive patients are treated at the UKCH facility.

Both facilities identified several strengths in their response activities. They established immediate priorities, especially safety, welfare, and accountability of all individuals involved in the pandemic response. They provided appropriate medical treatment, ensuring infection control measures were implemented through the continuum of care. Also, they approved requests for additional resources and requests for release of resources.

One of their self-identified areas for improvement was focused on the need to develop standard operating procedures (SOPs) for operations that were developed during the COVID-19 response, such as childcare, screening staff/patients/visitors, and facility lockdown. They also identified the need to rework their HICS organization chart based on current organization structure and explore options for Incident Command System (ICS) positional change-out in 8-12-hour shifts. Corrective actions identified included conducting a Qualtrics survey to elicit preliminary information on strengths/opportunities and assigning teams to develop SOPs on the processes that were implemented. These corrective actions are currently in progress. Another high priority was the assignment of personnel to re-work the HICS organization chart based on analysis of operations during the COVID-19 response. Training for HICS leadership was also identified as a need.

The hospitals identified two best practices, the daily briefing and electronic screening, which are currently being utilized at the facility. One lesson learned related to staffing needs for an alternative treatment site on the University of Kentucky campus, and the potential need for outside staffing assistance based on census at the alternate site.

Both University of Kentucky HealthCare hospital's response to COVID-19 was similar in many ways to the hospital response of a *community emergency* from the BGAD, requiring many of the same skills, tools, communication channels, and a heavy reliance on interagency coordination. The unique challenges and lessons learned in their response to the COVID-19 pandemic will strengthen future emergency response. The CSEP Program benefits from the knowledge that if an actual CSEPP community response was necessary, both hospitals validated their true capability through their response to a real-world event.

Status of Previous Findings

❖ Previous Finding Number: LF19.6.1

Subject: Heat Strain Management.

Resolved: No due to approved exercise credit for 2020 COVID-19 response.

Finding LF20.6.1

Subject: Heat Strain Management

Discussion: One decontamination team member suffered a real-world heat related injury after working in OSHA Level C PPE for over one hour. The UKCH has a Suit Time table as part of the pre-screening form which defines safe time in suit for different air temperatures and sun exposure. The temperatures during the exercise were 88 degrees Fahrenheit, so the allowable stay time should have been 20 to 30 minutes. A contributing factor to the heat related injury of the decontamination team member may have been that there are no clearly defined medical pre-screening exclusion criteria. When team members receive pre-entry screening, personnel who exceed defined exclusion criteria should in almost all cases not be allowed to dress in PPE. Team member was treated in the emergency department with IV fluids, monitoring, and released later that evening.

Reference(s): 1) OSHA Best Practices for Hospital Based First Receivers (pg M-14, Pre-Entrance Exam Exclusion Criteria); 2) 29 CFR 1910.120(g)(5) Personal protective equipment (PPE) program; Limitations during temperature extremes, heat stress, and other appropriate medical considerations. 3) OSHA Technical Manual, Section VIII (Chemical Protective Clothing), Chapter 1, Paragraph X. (Risks); 4) CSEPP Medical Resource Guide, pages 23-24; 38; 5) CSEPP Planning Guidance, pages 47; 49.

Recommendation(s): 1) The decontamination safety officer should have immediately available a list of persons in PPE with their entry times. The list should be continually updated. 2) For wear of SORT PPE, establish and implement the use of clearly defined exclusion criteria including blood pressure, heart rate and temperature as exemplified in OSHA Best Practices for Hospital Based First Receivers.

Lexington Veterans Affairs Health Care System

Due to the extreme hardship of the COVID-19 pandemic and the uncertainty of their ability to participate in the 2020 Blue Grass Community CSEPP Exercise, Lexington Veterans Affairs Health Care System (LVAHCS) requested exercise credit in lieu of participation. LVAHCS’s COVID-19 response after-action report below summarizes their response activities and capabilities that are applicable to related Exercise Evaluation Guide tasks. This documentation also includes the identification of strengths and opportunities for improvement and prioritized corrective actions.

LVAHCS is licensed for 108 beds with an ED of 19 beds. The staff in the ED utilizes a strategic plan to cover peak hours of patient census. Five medical providers (physicians and physician assistants) and eight RNs are on duty during the hours of 1000 to 1930 hours, with coverage reduced to one to two physicians and three to five RNs during non-peak hours. After an initial decrease in ED visits at the onset of the COVID-19 outbreak, the ED now sees approximately 70-90 patients per day.

The table below provides an inventory of CSEPP issued antidote supplies. LVAHCS also maintains a stockpile of antidote supplies that are not funded by CSEPP.

Chemical Agent Pharmaceutical Inventory			
Medication	Dosage Amount	Number	Expiration Date
Duodote®	Unit	30	August 2022

In advance of the scheduled exercise, a virtual interview was conducted with hospital administrative personnel for the purpose of validating and updating COVID-19 response activities. In addition, the facility's compliance with the following Emergency Response Outcome 1 Preparedness capabilities was validated:

- A/C.1.1.E - Maintain Coordinated Emergency Plans and Procedures - Emergency plans related to the possibility of a CAI are current, coordinated, and available where needed. Emergency plans are updated as necessary.
- A/C.1.3.E - Maintain a Continuing Education Program for Responders - Emergency responders are identified, trained, and certified as required. Training records are kept and organized.
- A/C.1.5.E - Maintain the CSEPP Emergency Response Physical Infrastructure in an Operational Status - All components of the CSEPP emergency response physical infrastructure (e.g., facilities, vehicles, equipment, supply stockpiles, and alert and notification systems) are checked, tested, and maintained on a regular basis; all components of the infrastructure are available and operational.

During the COVID-19 response at LVAHCS, the HICS was implemented, including the positions of Incident Commander, Public Affairs, Liaison, Operations, Planning, Logistics, Finance, Security, and other ad hoc positions as determined by the evolving pandemic event. The manpower pool was activated, which provided employees to assist with screening of individuals prior to entry into the facilities. The all-hazard cache was activated to support provision of PPE items in short supply, and employees providing care for COVID-19 patients donned and doffed PPE ensembles that included powered air purifying respirators. Surge capacity for the Alternate Care site was reviewed and the plan was implemented to ensure adequate bed capacity for COVID-19 patients. Two additional tents were obtained to support surge capacity. One tent, with negative pressure capability, was placed outside the ED and has been used on a limited basis for expanded patient care. Another tent was designed for use in outpatient screening and vaccination but has not been used. The facility scaled back and/or discontinued noncritical procedures, and telehealth/telemedicine was implemented to provide care to patients. In-house training was conducted on PPE use and infection control for staff providing care to COVID-19 patients. The LVAHCS has continued to provide in-house training on donning/doffing PPE, HICS, and decontamination.

The hospital identified their top strengths as ongoing leadership support, Emergency Department response, and rapid transition to telehealth visits for the care of patients.

One self-identified area for improvement related to departments doing business as usual, particularly decision-making processes, without consulting IC. The hospital implemented reminders and "just in time" training on the HICS, including the expectation that all decisions go through IC. This area of concern has been corrected and the decision-making process issue now runs efficiently. Another area for improvement was difficulty in obtaining laptops and other electronic equipment for those employees assigned to telework status. The decision was

subsequently made to transition all employees to laptops throughout the facility, which will allow employees to have the needed equipment for telework. Another issue in need of corrective action related to manpower pool employees failing to report to work, and lack of a point of contact to secure replacements for those absent employees. The facility implemented a corrective action to remediate the issue, which was the dedication of one full time equivalent to oversee the manpower pool and serve as the point of contact for employee communication. Revision of the Pandemic/Infectious Disease Policy was identified as a high priority by the facility.

The facility identified several best practices and lessons learned from their pandemic response. One best practice was the response to surge. Additional space was created in the facility by reconfiguring rooms and units to accommodate 60 extra beds, which could be further expanded by cohorting patients. Childcare for employees was identified as a best practice as the facility contracted with a regional YMCA for employee childcare. The hospital assisted with funding for this service, a practice that was shared and adopted by other Veterans Affairs facilities throughout the nation. Another best practice was COVID testing. The facility's clinical laboratory is able to perform COVID testing in-house (screening and antibody testing), allowing for rapid results and expedient establishment of treatment plans.

One of the lessons learned by the facility is the need to plan and exercise for long-term events. In addition, establishment of "rules of conduct" for regular supervisors and service chiefs would establish the authority of the Incident Command System and expected chain of command.

LVAHCS's response to COVID-19 was similar in many ways to the hospital response of a *community emergency* from BGAD, requiring many of the same skills, tools, communication channels, and a heavy reliance on interagency coordination. The unique challenges and lessons learned in their response to the COVID-19 pandemic will strengthen future emergency response. The CSEP Program benefits from the knowledge that if an actual CSEPP community response was necessary, LVAHCS validated their true capability through their response to a real-world event.

Eastern State Hospital

Due to the extreme hardship of the COVID-19 pandemic and the uncertainty of their ability to participate in the 2020 Blue Grass Community CSEPP Exercise, Eastern State Hospital (ESH) requested exercise credit in lieu of participation. ESH's COVID-19 response after-action report below summarizes their response activities and capabilities that are applicable to related Exercise Evaluation Guide tasks. This documentation also includes the identification of strengths and opportunities for improvement and prioritized corrective actions.

ESH is an acute care psychiatric hospital licensed for 194 beds but staffed for 140 beds. ESH provides specialized care to meet the unique needs of adults with mental illness and/or acquired brain injury and is managed by University of Kentucky (UK) Healthcare. Since ESH is an acute behavioral health facility that provides limited medical treatment, current policy is to refer all patients requiring medical assistance beyond ESH's scope of practice to an acute care hospital. Currently, ESH has a census of 107 inpatient persons. ESH is the host overflow site for Madison County adult day care facilities, with a maximum capacity of 15 evacuees. The evacuating day care is responsible for providing appropriate staff to provide care for evacuees during time at ESH.

In advance of the scheduled exercise, a virtual interview was conducted with hospital administrative personnel for the purpose of validating and updating COVID-19 response activities. In addition, the facility's compliance with the following Emergency Response Outcome 1 Preparedness capabilities was validated:

- A/C.1.1.E - Maintain Coordinated Emergency Plans and Procedures - Emergency plans related to the possibility of a CAI are current, coordinated, and available where needed. Emergency plans are updated as necessary.
- A/C.1.3.E - Maintain a Continuing Education Program for Responders - Emergency responders are identified, trained, and certified as required. Training records are kept and organized.
- A/C.1.5.E - Maintain the CSEPP Emergency Response Physical Infrastructure in an Operational Status - All components of the CSEPP emergency response physical infrastructure (e.g., facilities, vehicles, equipment, supply stockpiles, and alert and notification systems) are checked, tested, and maintained on a regular basis; all components of the infrastructure are available and operational.

During the COVID-19 response, the facility activated their HICS and engaged in a shared IC with the UK Healthcare IC. The shared command was instrumental in allowing the facility to integrate practice and procedures consistent with UK Healthcare and facilitated supply chain support to assure the personal protective equipment, cleaning supplies, and patient supply levels were not disrupted. WebEOC[®] was used to procure emergency supplies (e.g., Zumro[®] tent, N95 masks, hand sanitizer, etc.) and communicate facility status reports (e.g., bed availability, COVID-19 patient census, staffing levels, etc.).

In response to the evolving pandemic, the hospital implemented a number of proactive measures, including, but not limited to: revised patient triage and staff screening procedures, preparation of a COVID-19 Patient Under Investigation area, established a COVID-19 unit, and enhanced facility infection control plans.

The hospital identified their top strengths as implementation and use of ESH IC structure, implementation and use of coordinated IC structure with UK HealthCare, and the ability to utilize communications to procure resources. They identified several areas for improvement, including the need for written plans and procedures for pandemic screening and conversion of the gymnasium to a patient care area. An additional self-identified area for improvement was the need for additional staff trained to utilize communication systems (e.g., WebEOC[®] and Ready Ops). Corrective actions were documented for development of the needed plans and procedures, and to address the identified communication training needs.

Although ESH is not an acute care medical facility, one of their lessons learned was related to requirements for increased infection control procedures and patient segregation. The facility recommended that planning for this occurrence should be a priority. An additional lesson learned was the need to consider the impact of a pandemic on supply allocations, which is likely a longer period of sustainability than that required by regulatory entities.

ESH's response to COVID-19 was similar in many ways to the hospital response of a *community emergency* from BGAD, requiring many of the same skills, tools, communication channels, and a heavy reliance on interagency coordination. The unique challenges and lessons learned in their response to the COVID-19 pandemic will strengthen future emergency response. The CSEP Program benefits from the knowledge that if an actual CSEPP community response was necessary, ESH validated their true capability through their response to a real-world event.

Emergency Response Outcome 7 – Emergency Public Information

The Fayette County Public Information Officer (PIO) was advised at 0924 of a *community emergency* that occurred at BGAD. The accident reportedly did not pose a threat to Fayette County residents; therefore, no protective action was recommended. The LFUCG EOC was activated to support a reception center and decontamination station being established at Jacobson Park.

A hybrid Joint Information Center (JIC) was established immediately. The staff, all virtual, consisted of two University of Kentucky students as social media responders, the Fayette County PIO as the writer/publisher, and a Lexington Fire PIO assigned to PIO Coordinator responsibilities. The three positions coordinated information using the application-based messaging platform, Slack.

The small group produced four Twitter messages, two Facebook posts, finalized three news releases, and provided one on-camera interview. The news releases contained timely and accurate information, however only the first news release was distributed to the media, the other two, although approved, were never received. The team also responded to several individual requests for information, both over social media and over the phone. The public information professionals throughout the CSEPP community missed an opportunity to establish a conversation by not assigning a hashtag to their social media posts.

One radio story on ETN that was overly alarmist about the spread of “deadly GB nerve agent” throughout central Kentucky, including Lexington-Fayette was overlooked by the PIO team. It is recommended that traditional news media be monitored even as the prominence of social media continues to grow.

The first LFUCG news release announcing the EOC activation to support the Depot event was distributed at 0958. At the same time, a possible hazardous materials accident involving a train was being briefed in the EOC. Within ten minutes, a social media post advising citizens to avoid the area around the hazardous materials accident went out. Fifteen minutes later, social media messages instructing citizens within one mile of the I-75 and I-64 split to SIP were posted. A third post about the accident appeared 30 minutes later increasing the SIP radius to 4.2 miles. The sheltered area, described as a 4.2-mile radius of the accident site, was posted to both Twitter and Facebook. 4.2-mile radius was also listed as the affected area in a reply to a question about COVID-19 testing sites on Facebook. However, the area officials indented to shelter was 4.2 miles downwind, not 4.2 miles all directions of the accident. At the same time, an IPAWS message asking people inside the 4.2 downwind area to go inside or evacuate Fayette County was sent. The

IPAWS message was drafted, approved, and distributed without the inclusion of the public information team. This conflict in messaging along with the incorrect information about the area impacted could create confusion within the community.

The Fayette County PIO participated in a virtual interview with mock media. During the interview, the PIO's demeanor was one of authority, professionalism, and composure. All very reassuring traits in an emergency. In the interview the viewer was able to see the PIO in an emergency management environment. Although an unintended consequence of COVID-19, it was an effective way to illustrate the behind-the-scenes work going on to protect the community.

Emergency Response Outcome 8 – Remediation and Recovery

Not Applicable.

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POWELL COUNTY (PO)

2020 presented a multitude of challenges related to the COVID-19 pandemic. Like many counties both within the Commonwealth of Kentucky and around the country, the Chemical Stockpile Emergency Preparedness Program (CSEPP) counties continue to sustain a prolonged emergency response to manage this ever-changing crisis.

The Centers for Disease Control and the American Red Cross (ARC) determined that congregate sheltering will be performed only in extreme emergency situations and provided a framework for non-congregate sheltering to be used during this time. The Lexington Chapter of the ARC determined that they will not support congregate sheltering exercises during the pandemic. For these reasons, it was decided to remove all sheltering and reception sites from the 2020 exercise.

Social distancing rules remain active within the Commonwealth. A minimum of six feet of spacing is required between personnel. The use of personal protective equipment, hand sanitizer and temperature checks are strongly encouraged. The Kentucky Department for Public Health issued a travel advisory on July 20, 2020 which remained in effect at the time of the exercise. The travel advisory recommends a 14-day self-quarantine for travelers from eight states. Many of the personnel who were scheduled to support the exercise reside in these states.

These factors prevented an in-person, full-scale exercise from being conducted. Only the Emergency Operations Centers in each county were exercised.

Chemical Decontamination in Powell County is conducted by Volunteer Fire Departments. While they remain dedicated to the real-world emergency response needs, Powell County has requested exemption from this year's exercise due to the high risk that the exercise may pose to a very limited resource. It was stated that the elected officials / leadership for Powell County did not feel that a reduce manpower / socially distanced exercise of the Field Decontamination team would be beneficial to the county. Powell County was approved for a postponement of activities of their Field Decontamination Site. Powell County will conduct a Field Decontamination Drill / Training in the spring of 2021, or once the COVID-19 risk is reduced to an acceptable level and it is safe to do so. This Drill / Training event would be evaluated by FEMA CSEPP evaluators.

Emergency Response Outcome 1 – Preparedness

The Powell County Emergency Operations Plan (EOP), dated January 2017, is consistent with Chemical Stockpile Emergency Preparedness Program (CSEPP) policy and guidance as well as the National Incident Management System. Supplementing the EOP is the Powell County CSEPP Incident Specific/Support Plan, dated December 17, 2018, which is specific to an accident/incident that may occur on the Blue Grass Army Depot (BGAD) located near Richmond, KY. The ISP addresses populations with limited English proficiency as well as access and functional needs. The county uses Google Translate, the Kentucky State Police resources, and a Spanish interpreter at the school. A Mandarin speaker is also available through another resource if needed.

There are several new county personnel and they use WebEOC[®], a web-based Emergency Operations Center (EOC) software/system. This system was not utilized during the exercise. Training for the new personnel was scheduled for early summer but was cancelled due to the COVID-19 guidance. Powell County usually conducts local decontamination training and participates in Chemical Accident Incident/Response and Assistance exercises with the Depot; however, due to COVID-19 the training and exercise participation was not able to be performed.

Powell County participates in the Kentucky Emergency Management public information and educational outreach programs. The county distributes CSEPP calendars and brochures through each of the five public schools. The county has printed and distributed a local version of the CSEPP brochure which communicates public information unique to the county.

The Powell County facility has a modern, high-tech EOC. It is co-located with the Powell County central dispatch center, which is equipped with numerous systems for alert and notification. The EOC has four large television monitors, a multi-use screen, a smartboard/television monitor, several iPads, an audio-visual projector/screen and an array of multimedia assets. The BGAD's direct hotline phone is in the dispatch center. Powell County maintains the CSEPP emergency response equipment in an operationally ready status. They maintain EOC and other CSEPP equipment, which is tested on a regular basis. Powell County uses and checks their 800 MHz radio systems, the Blue Grass Alert & Notification System (BGANS) and other communications multiple times daily. Their generators are checked on a regular basis each month. Powell County also maintains an active Radio Amateur Civil Emergency Services voice radio capability and has a dedicated space within the EOC's communications room. Powell County currently does not have the Integrated Public Alert Warning System (IPAWS). They planned to have the system in place by May 2020, but due to the pandemic this has not occurred. Powell County will move forward and plan to have it in place by June 2021 at the latest. Powell County does not have Adviser Alert Radios.

The Powell County EOC is a 24-hour warning point for incoming calls from BGCA in case of a Chemical Accident/Incident on the Depot. Powell County receives a daily work plan during the Depot workweek, which contains information on the maximum credible events for that day's planned operations and includes meteorological data to ensure decision makers can discuss the best protective action decision (PAD) for the community. The work plan is discussed with all Powell County EOC personnel.

Powell County does not have any CSEPP funded sirens. They do have eleven (11) all hazard sirens to protect the community.

Training records for first responders are maintained at their respective fire department. Records of physicals are kept at the EOC.

COVID-19

Powell County declared a state of emergency and activated the EOC. Upon advice from state officials, the Health Department was identified as lead agency during the event. The EOC, working through and in conjunction with the Health Department, remains active and ready to respond as needed for outbreaks and contact tracing.

Powell County has had numerous emergency scenes (fires, accidents and HazMat incidents) that have required an Incident Command and other command staff. They continue to operate the EOC, staffing it as needed for Public Affairs (creating public service announcement and news releases), Logistics and Finance for personal protective equipment (PPE).

Powell County does not have the capability to use IPAWS due to COVID-19. The May 2020 completion date was pushed until after the restrictions and guidelines for the pandemic are lifted or changed. Due to this delay IPAWS was not utilized during the pandemic nor BG EX20. They have provided aid to several local agencies in the community during the pandemic to include providing public information for local events and safety messaging including traffic control assistance around distribution centers, messaging about websites with COVID-19 information and wearing PPE. Powell County also provided the Health Department with laptops to assist in 24-hour tracking of COVID-19 cases and provided transportation to get PPE from the regional sites. Powell County has a backup communications plan and relies on state and national Covid-19 data sources. On account of CSEPP related equipment and training, Powell County is better positioned to respond to COVID-19 concerns. However, due to the of the lack of high-speed internet across the county, utilization of Facebook live and virtual training have been sparse.

Due to personnel limitations and COVID-19 considerations, onsite training has been very limited. Early in the COVID-19 response, they conducted training on the proper use of PPE, the need to wear masks, proper hand washing, social distancing, and N-95 fit testing for local first responders. Powell County's ability to review plans, implement and/or change as needed, along with the facilities and equipment to perform training, hold meetings, produce PSAs and store PPE has proven invaluable during the pandemic. The county believes it has what is needed to respond to and mitigate issues that may occur while other counties may not. The areas for improvement include communications to include better internet connectivity across the county and consistent ICS structure coherence over extended events. Connectivity during the site visit was adequate and supported multiple devices. Again, the lack of high-speed internet across the county presents challenges with operations, including virtual training and video conferencing between County offices.

Emergency Response Outcome 2 – Emergency Assessment

Powell County 911 dispatch received and recorded the initial chemical event and protective action recommendation via BGANS at 0924. This information was relayed to the Powell County Emergency Management (EM)/CSEPP director at 0925. By 0928 the decision was made to activate the EOC. Dispatch began notification of the Powell County EOC staff immediately. The EM/CSEPP director asked Emergency Support Function (ESF) 2/ESF 15 to contact the County Judge Executive at 0928 informing him of the accident and to send out a CodeRed[®], automated notification system message. The PAD of no action required was discussed with the EM/CSEPP Director and the EOC staff that was present at 0935. The County Judge/Executive logged onto the Zoom platform by 0943 and was immediately briefed of the accident and the PAD of no action required. Traffic control points and access control points were identified and confirmed. The CJE approved the ESF 2/ESF 15 to push out the Public Service Announcement (PSA) to the local radio

station with community instructions. The emergency declaration was signed by the CJE at 0954. The PSA was submitted to the radio station by 1003. The traffic control points at Happy Top, Spot Springs, Snow Creek and Tug Branch as well as the access control points at the Powell County High School and route 82 & 15 were simulated at 1008. Confirmation that the American Red Cross was being deployed to assist with shelter setup came through at 1028.

Powell County has several new ESF leads and EOC personnel. While they were familiar with many of the available technical equipment and systems in the EOC. The new EOC personnel and ESF leads were not trained on some of technology available to them, which include WebEOC[®] and WebPuff due to COVID-19. Due to issues with their WebPuff, it has not been available for training or for use during the exercise. While the EM director did not use WebEOC[®], information was still collected by each individual so updates could be given throughout the exercise.

Emergency Response Outcome 3 – Emergency Management

The Powell County EOC key personnel consists of the county EM/CSEPP director, the communications center manager who also serves as the Public Information Officer (PIO), and the CJE. ESFs manned during the activation included ESF 3 Public Works; ESF 5 EM Director; ESF 4 Firefighting/ ESF 6 Mass Care and Sheltering/ESF 9 Search and Rescue (triple hatted); ESF 8 Health Department; ESF 13 Law Enforcement; and ESF 2 Communications/ESF 15 Public Enforcement (dual hatted). Other participants included the Mayor of Clay City, representative for Powell County Schools, and the CJE. Participants were either at the EOC or participated virtual through the Zoom platform for the exercise.

EOC staff started arriving within ten minutes and were assigned to ESF roles. The EM/CSEPP director declared the EOC operational at about 0935. The CJE arrived virtually at 0943. After he was briefed, he verified the completion of required actions and signed the emergency declaration at 0954 to include law enforcement, road department and placed the fire department on standby.

The PIO submitted the first PSA for radio play at 1003. The CJE simulated a live broadcast to give a situational update and instructions for the citizens of Powell County on WSKV at 1032. EOC staff monitored entries on WebEOC[®] and published WebPuff data to make informed decisions regarding next steps and staging of personnel.

Throughout the exercise, the EM/CSEPP director provided routine situation updates to EOC staff, and elected officials. The EM/CSEPP director and other EOC staff announced critical updates as they received information. EOC staff also updated the EM/CSEPP director of tasked actions so he could include it in the update to the team. Communication was timely enabling staff situational awareness and facilitating effective problem solving and decision making. EOC staff and remote participants did a good job of adapting to the virtual environment and completed the required objectives. The team was able to accurately anticipate the need to prepare for evacuees based on status reports from neighboring impacted zones and made the necessary adjustments to assist.

EOC staff maintained situational awareness via updates from the EM/CSEPP Director, ESF updates and by monitoring WebEOC[®] for significant events. Due to limited staff availability and

COVID-19 considerations, the EM/CSEPP director did not assign staff to all standard Incident Command System (ICS) positions. All assigned staff performed effectively and efficiently throughout the activation.

Signage and displays within the EOC were well planned and effective. Large screens were used to view local and regional maps, WebEOC® and a video of the decontamination area were available and were used as references and decision making throughout the exercise.

Emergency Response Outcome 4 – Hazard Mitigation

Not Applicable.

Emergency Response Outcome 5 – Protection

Not exercised in 2020.

Emergency Response Outcome 6 – Survivor and Patient Care

Not exercised in 2020.

Emergency Response Outcome 7 – Emergency Public Information

Not exercised in 2020.

Emergency Response Outcome 8 – Remediation and Recovery

Not Applicable.

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ROCKCASTLE COUNTY (RO)

2020 presented a multitude of challenges related to the COVID-19 pandemic. Like many counties both within the Commonwealth of Kentucky and around the country, the Chemical Stockpile Emergency Preparedness Program (CSEPP) counties continue to sustain a prolonged emergency response to manage this ever-changing crisis.

The Centers for Disease Control and the American Red Cross (ARC) determined that congregate sheltering will be performed only in extreme emergency situations and provided a framework for non-congregate sheltering to be used during this time. The Lexington Chapter of the ARC determined that they will not support congregate sheltering exercises during the pandemic. For these reasons, it was decided to remove all sheltering and reception sites from the 2020 exercise.

Social distancing rules remain active within the Commonwealth. A minimum of six feet of spacing is required between personnel. The use of personal protective equipment, hand sanitizer and temperature checks are strongly encouraged. The Kentucky Department for Public Health issued a travel advisory on July 20, 2020 which remained in effect at the time of the exercise. The travel advisory recommends a 14-day self-quarantine for travelers from eight states. Many of the personnel who were scheduled to support the exercise reside in these states.

These factors prevented an in-person, full-scale exercise from being conducted. Only the Emergency Operations Centers in each county were exercised.

The hospitals within the CSEPP footprint have been heavily impacted by the pandemic. In most cases they have exceeded 100 days in emergency operations. The level of critical respiratory illness managed during this event could be on par with what we might expect in a CSEPP event. Management of patients, staff, and ever-changing logistics are just a few of the challenges they have faced. However, Rockcastle Regional has specifically requested to participate in the BG 20 Exercise. While this request is initially approved, the changing requirements of pandemic planning required that the hospital not participate in activity in September 2020

Emergency Response Outcome 1 – Preparedness

Rockcastle County's Chemical Stockpile Emergency Preparedness Program (CSEPP) Incident Specific Plan was revised in 2018 and was signed on April 25, 2019. Plans are updated regularly, at least once a year, following each CSEPP exercise, publication of new guidance, or as changes are made to local emergency response capabilities or agreements. The plan was last updated in July 2020 and is awaiting signature. The Emergency Operations Plan (EOP) is written to be consistent with Army and CSEPP policy and guidance and to incorporate the National Incident Management System (NIMS). The needs for those with limited English proficiency (LEP) are identified and addressed in the plan.

Rockcastle County participates in the annual CSEPP exercise. Also, they participate in the quarterly Depot Chemical Accident/Incident Response and Assistance exercises. The Blue Grass CSEPP Integrated Process Team (IPT) actively supports and oversees the local exercise program.

Lessons learned from previous exercises are incorporated in the development of emergency plans and capabilities.

Formal training and refresher training are provided to responders, consistent with their duties. This training is carried out by the local fire departments and the Commonwealth of Kentucky Fire Commission. The training reflects relevant NIMS standards, guidelines, processes, and protocols. Individual training records are maintained and accessible for inspection and management review at the seven volunteer county fire departments.

Rockcastle County participates in the CSEPP community public outreach and education program, in events such as the county fair, parades, and children's safety presentations at the hospitals. The Rockcastle CSEPP Coordinator functions in the role of Public Information Officer, as needed. Handout materials, public service announcements, information displays, and other initiatives are supported to increase the level of protective action knowledge in the community. These programs are routinely assessed by the Blue Grass CSEPP IPT for adequacy and effectiveness. Media surveys are conducted to verify effectiveness of the messaging. Interpreters are employed as needed to disseminate information to those with LEP. The decontamination teams have bilingual signage for decontamination operations.

Equipment at the Emergency Operations Center (EOC) is checked or tested continually or periodically, as appropriate, to ensure operability, functionality and time synchronization. All equipment and systems are maintained and serviceable, to include radios, telephones, fax machines, recorders, collective protective systems, computer systems, backup power systems and electronic displays. EOC radios are tested daily. The 911 Call Center tests the Blue Grass Alert and Notification System (BGANS) daily. The EOC and reader board generators are tested monthly. Equipment maintenance and testing records are maintained at the EOC.

Rockcastle County receives the Blue Grass Chemical Activity Daily Work Plan each day. The 911 Call Center is staffed 24/7 and can accept incoming CSEPP notification calls. The County Judge/Executive, Emergency Manager or his designate is available, on call, to make protective action decisions (PADs) and activate alert and notification systems.

COVID-19

Rockcastle did not have a requirement for prolonged emergency operations throughout the COVID-19 period. However, they did institute a weekly meeting involving the County Judge/Executive, Emergency Management Agency, the county health department, the county school system, the hospital, nursing homes, the ambulance company, law enforcement agencies, and a fire department representative to discuss ongoing events throughout the pandemic. They have recently reduced these meeting to a biweekly meeting. Rockcastle County did not request exercise credit and the answer remains "no". Rockcastle does not have an Integrated Public Alert & Warning System capability.

Rockcastle drew the following items from the National Strategic Reserve: personal protective equipment (PPE), masks, and hand sanitizer. Rockcastle County found that their weekly meeting was a "best practice" as it was able to provide consistent pandemic information to the county residents. There are no relevant gaps or corrective actions. As far as updated training requirements due to COVID-19, the Commonwealth made changes for the fire service that granted extensions

on required training hours. The Rockcastle CSEPP readiness helped the EOC be ready for an EOC activation. It enabled them to know what to do in the event of an emergency. Rockcastle lessons learned included the importance of a weekly coordination meeting.

Communications connectivity for site visit: this was an in-person visit.

Emergency Response Outcome 2 – Emergency Assessment

Rockcastle County received notification from the BGANS through the Rockcastle 911 Center. The call was received by the 911 operator at 0924. The Blue Grass Chemical Activity (BGCA) reported that at 0920 an explosion had occurred involving GB rockets. BGAD designated the accident as a *community emergency* that involved both Madison and Estill Counties. At this time, Rockcastle County was not involved.

The 911 operator gave the notification to the Emergency Management Director (EMD) at 0925. The EMD, County Judge Executive, and CSEPP coordinator reviewed the notification, accepted the protective action recommendation (PAR) as the PAD at 0930 and determined that there were “no actions required” for Rockcastle County at that time.

Emergency Response Outcome 3 – Emergency Management

The notification of a chemical accident/incident (CAI) at the BGAD was received at 0924. The EOC Manager read the BGANS message to EOC staff indicating that an explosion had occurred at the BGAD involving GB filled M55 rockets. The hospital was contacted at 0926. The PAR was accepted as the PAD at 0930 as “no actions required”. The EOC was activated at 0930 and staff were notified via a call down. EOC staff began responding according to their roles.

There was an EOC discussion at 0939 where the staff reviewed WebPuff, the plume plot, and discussed wind speed and direction.

The EOC was operational at 0945 and WebEOC® was projected onto the screens in the room.

The EOC Manager provided a briefing at 0952 that the wind was still from the southeast and the plume was affecting Estill County, which had been instructed to shelter-in-place.

BGAD classified the accident as a *community emergency*. The EOC Manager said that in a *community emergency*, decontamination would be set up at the Rockcastle County Middle School, along with shelter operations, and preparations were made to start assessing patients from other counties. The hospital representative (on the conference call) indicated that upon notification, the hospital would consult their EOP, designate an EOC, and start the Hospital Incident Command System (HICS) including identification of an Incident Commander and Safety Officer. The hospital would start setting up decontamination and roping off the parking lot and access to the building would be limited to those with proper credentials and notification. Once the agent was identified, signage would be posted in the Emergency Room and outside. Security will be present

in the parking lot with the decontamination team. The decontamination team would use appropriate PPE and donning and doffing procedures. A hospital representative would be sent to the EOC to be the liaison between the hospital and EOC.

Following the briefing, the EOC Manager advised the wind had shifted and WebPuff was again consulted. At 0958, the EOC Manager advised that a new BGANS notification had been received, and Rockcastle County is still in a *community emergency*, Estill E1 is still under shelter-in-place, and the wind direction is from the west at 11 mph.

The first press release was issued at 1003 advising the community of the *community emergency* due to the accident at BGAD at 0920. The press release further stated that the EOC went operational at 0945 and no further actions are required at this time. This press release was sent to the Blue Grass Joint Information Center (JIC) and WRVK 1460 (local radio station).

The EOC Manager advised at 1010 that a BGANS notification indicated winds are out of the west at 11 mph. Exit shelter criteria was met for 1A, 1B, 2B and 2C.

A second press release was sent at 1036 and stated there was an accident at BGAD at 0920. The Rockcastle EOC went operational at 0945 and is still operational at this time. Rockcastle County is currently under a *community emergency* but there are no actions required at this time. This press release was sent to the Blue Grass JIC and WRVK 1460 (local radio station).

The EOC Manager advised at 1037 that a BGANS notification was received at 1032 that indicated exit shelter criteria was met for Estill County. Rockcastle County is still in a *community emergency*.

The County Judge/Executive signed the emergency declaration at 1040. Five minutes later, the first EAS message was issued letting citizens know Rockcastle is under a *community emergency*, no further action is required at this time, and stay tuned for further press releases.

The EOC Manager advised that a BGANS notification was received at 1120 which was a meteorological update only and that everyone can exit shelter.

No support from Rockcastle County was required by BGAD and no requests for outside help were received. There was no discussion of area command or unified command.

Emergency Response Outcome 4 – Hazard Mitigation

Not Applicable.

Emergency Response Outcome 5 – Protection

Not exercised in 2020.

Emergency Response Outcome 6 – Survivor and Patient Care

Rockcastle Regional Hospital and Respiratory Care Center (RRHRCC)

Due to the extreme hardship of the COVID-19 pandemic and the uncertainty of their ability to participate in the 2020 Blue Grass Community CSEPP Exercise, RRHRCC requested exercise credit in lieu of participation. RRHRCC’s COVID-19 response after-action report below summarizes their response activities and capabilities that are applicable to related Exercise Evaluation Guide tasks. This documentation also includes the identification of strengths and opportunities for improvement and prioritized corrective actions.

RRHRCC is a level four trauma center in the town of Mt. Vernon, in Rockcastle County, Kentucky, approximately 30 miles south of BGAD. The RRHRCC is licensed for 143 hospital beds designated for long-term ventilator patients, 26 of which are designated as acute care, a nine-bed Emergency Department (ED), two operating rooms, seven negative pressure patient rooms, and two portable negative pressure machines adaptable to regular rooms. The ED is staffed with one physician and two to three registered nurses working overlapping shifts. Prior to COVID-19, the ED averaged approximately 1,050 patient visits per month. During March - July 2020, ED visits decreased significantly, but have now increased to approximately 85-90 percent of pre-COVID volume. The stock of CSEPP funded nerve agent antidote is maintained in two hospital locations (the ED and pharmacy) and the inventory is provided below:

Chemical Agent Pharmaceutical Inventory			
Medication	Dosage Amount	Number	Expiration Date
DuoDote®	Unit	26	January 2023

In advance of the scheduled exercise, a virtual interview was conducted with hospital administrative personnel for the purpose of validating and updating COVID-19 response activities. In addition, the facility’s compliance with the following Emergency Response Outcome 1 Preparedness capabilities was validated:

- A/C.1.1.E - Maintain Coordinated Emergency Plans and Procedures - Emergency plans related to the possibility of a CAI are current, coordinated, and available where needed. Emergency plans are updated as necessary.
- A/C.1.3.E - Maintain a Continuing Education Program for Responders - Emergency responders are identified, trained, and certified as required. Training records are kept and organized.
- A/C.1.5.E - Maintain the CSEPP Emergency Response Physical Infrastructure in an Operational Status - All components of the CSEPP emergency response physical infrastructure (e.g., facilities, vehicles, equipment, supply stockpiles, and alert and

notification systems) are checked, tested, and maintained on a regular basis; all components of the infrastructure are available and operational.

During the COVID-19 response, RRHRCC engaged in a variety of proactive measures, including, but not limited to: activation of the facility's EOP and HICS; enhancement of patient triage procedures and utilization of a triage tent in the ED parking area; acquisition of additional PPE; enhancement of facility protection measures, to include access control, restriction of patient visitation, daily screening of patients and staff, and altered normal operating hours; and establishment of a temporary COVID-19 in-patient unit with negative pressure. In-house training was conducted on donning/doffing PPE and surge procedures. Staff reviewed and revised (as applicable) emergency operation plans, procedures, and policies. The facility engaged in bi-directional communication with various local, state, and federal entities, and also created a COVID hotline to provide a means of advising the public on proper actions in lieu of presenting to the ED. The facility hosted a mass testing venue in collaboration with local public health and law enforcement agencies, which provided COVID-19 testing for almost 1000 county residents.

The hospital identified their top strengths as teamwork of the entire hospital staff, supply acquisition, and communication with local, state, federal, and other emergency management agencies. The hospital credited their Materials Manager for ensuring that they had the PPE needed for safe response.

Their highest priority self-identified area for improvement was revision of the Surge Plan. The hospital did not have a specific surge plan until after the pandemic was in full swing. The Environment of Care Committee has been tasked with updates to the EOP and Surge Plan based on experiences and insights gained during the COVID-19 response. Another area for improvement was development of a plan for future events that impact surge and triage. A proposed corrective action for this area would be the development of Memoranda of Understanding/Agreement with tent vendors until the facility can procure a permanent fix. PPE storage was also identified as an area for improvement as the hospital's previous "96 hours" threshold was inadequate to sustain long-term pandemic needs.

RRHRCC identified several lessons learned during their COVID-19 response, such as limitations in ED surge capacity, lack of familiarity with proper use of PPE, and the need for training on surge and emergency triage procedures. For each lesson learned, the facility has formulated recommendations for a more effective response. Several best practices were identified during their response activities:

- Ensure emergency management team consists of various departments and disciplines. For this emergency (pandemic), the Infection Control Coordinator became the de facto leader for the hospital's emergency response because of the specialized knowledge base.
- Restrict access and visitors to vulnerable patient populations. This restriction happened immediately in areas that housed long-term care ventilator patients.
- Initiate a Pandemic Hotline. This telehealth option was instrumental in the facility's surge response as staff members addressed concerns of community members and circumvented visits to the ED unless necessary.

- Identify additional areas of the facility that can house patients during a pandemic. Pre-planning for placement of COVID positive admissions aided the facility in speedy construction of a unit for housing COVID-19 patients.

RRHRCC's response to COVID-19 was similar in many ways to the hospital response of a community event from the Blue Grass Army Depot, requiring many of the same skills, tools, communication channels, and a heavy reliance on interagency coordination. The unique challenges and lessons learned in their response to the COVID-19 pandemic will strengthen future emergency response. The CSEP Program benefits from the knowledge that if an actual CSEPP community response was necessary, RRHRCC validated their true capability through their response to a real-world event.

Emergency Response Outcome 7 – Emergency Public Information

Not exercised in 2020.

Emergency Response Outcome 8 – Remediation and Recovery

Not Applicable.

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JESSAMINE COUNTY (JS)

2020 presented a multitude of challenges related to the COVID-19 pandemic. Like many counties both within the Commonwealth of Kentucky and around the country, the Chemical Stockpile Emergency Preparedness Program (CSEPP) counties continue to sustain a prolonged emergency response to manage this ever-changing crisis.

The Centers for Disease Control and the American Red Cross (ARC) determined that congregate sheltering will be performed only in extreme emergency situations and provided a framework for non-congregate sheltering to be used during this time. The Lexington Chapter of the ARC determined that they will not support congregate sheltering exercises during the pandemic. For these reasons, it was decided to remove all sheltering and reception sites from the 2020 exercise.

Social distancing rules remain active within the Commonwealth. A minimum of six feet of spacing is required between personnel. The use of personal protective equipment, hand sanitizer and temperature checks are strongly encouraged. The Kentucky Department for Public Health issued a travel advisory on July 20, 2020 which remained in effect at the time of the exercise. The travel advisory recommends a 14-day self-quarantine for travelers from eight states. Many of the personnel who were scheduled to support the exercise reside in these states.

These factors prevented an in-person, full-scale exercise from being conducted. Only the Emergency Operations Centers in each county were exercised.

The hospitals within the CSEPP footprint have been heavily impacted by the pandemic. In most cases they have exceeded 100 days in emergency operations. The level of critical respiratory illness managed during this event could be on par with what we might expect in a CSEPP event. Management of patients, staff, and ever-changing logistics are just a few of the challenges they have faced. Saint Joseph - Jessamine was approved for exercise credit and did not exercise in September 2020.

Emergency Response Outcome 1 – Preparedness

Jessamine County Emergency Management confirmed preparedness during the September 15, 2020, Site Visit. Jessamine County further demonstrated preparedness during the September 16, 2020, exercise.

The Site Visit revealed that Jessamine County Emergency Management maintains the upkeep and availability of coordinated emergency plans and procedures and are prepared to demonstrate the use and availability of coordinated emergency plans and procedures during a community event. They maintain an ongoing exercise and continuing education program for internal staff and county responders. Public Outreach and Public Education Programs have been conducted on an infrequent basis due to COVID-19 restrictions. Printed materials are available for public distribution. Printed materials for individuals with limited English proficiency are available. Jessamine County Emergency Management is actively seeking a robust long-term translation solution which will better serve the populace and the county. They detailed regular testing and maintenance of the

CSEPP emergency response physical infrastructure to include facilities, vehicles, equipment, supply stockpiles, alert and notification and emergency response components.

COVID-19

The Jessamine County Emergency Management staff provided responses consistent with the Centers for Disease Control and Prevention Guidelines for the ERO1/ COVID-19 Jurisdictional Interview. Jessamine County Emergency Management is primarily providing a support role to the Jessamine County Health Department for the COVID-19 response. They assisted in the planning and implementation of response actions and provided personal protective equipment to county responders. Jessamine County has received Integrated Public Alert & Warning System (IPAWS) equipment, however, it is not operational and was not used during the pandemic. Best practice recommendations and lessons learned are focused around excellent usage of COVID-19 practices performed by the county staff while working within the local community. The Emergency Manager worked with local hotels to secure additional non-congregate shelter space if needed. Jessamine Emergency Management provided barricades and sign boards to law enforcement to prevent the public from using public parks and recreation areas. The connectivity during the Site Visit was 99% with brief and very minor audio and video pauses.

Emergency Response Outcome 2 – Emergency Assessment

At 0924 Jessamine County’s 911 Center received the initial notification from Blue Grass Army Depot (BGAD) of a *community emergency* due to a GB rocket explosion. At 0932, the Blue Grass Chemical Activity Off-Post Notification form was received via fax by the emergency operations center (EOC) reporting an explosion that occurred at 0920. The form reported the affected zones in Madison and Estill Counties that were to be sheltered-in-place. The standard notification form was completed. There were no protective action recommendations issued for the county. The Emergency Management Director sent a CodeRed® notification to all EOC personnel to virtually activate at a Level 4 due to the COVID-19 Pandemic. At 0940, the EOC received the Off-Post Notification report that the winds were from the South East at 132 degrees. However, WebPuff displayed the plume traveling from the northwest at 305 degrees. The EM Director and Deputy Director determined that the Off-Post Notification report was incorrect and decided to follow the WebPuff projections. At 0944, Jessamine County Emergency Management Director decided to monitor the event and take no action until an additional situational assessment was conducted. Jessamine County entered a monitoring state at 0945.

Emergency Response Outcome 3 – Emergency Management

Not exercised in 2020.

Emergency Response Outcome 4 – Hazard Mitigation

Not Applicable.

Emergency Response Outcome 5 – Protection

Not exercised in 2020.

Emergency Response Outcome 6 – Survivor and Patient Care

Not exercised in 2020.

Emergency Response Outcome 7 – Emergency Public Information

Not exercised in 2020.

Emergency Response Outcome 8 – Remediation and Recovery

Not Applicable.

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LAUREL COUNTY (LA)

2020 presented a multitude of challenges related to the COVID-19 pandemic. Like many counties both within the Commonwealth of Kentucky and around the country, the Chemical Stockpile Emergency Preparedness Program (CSEPP) counties continue to sustain a prolonged emergency response to manage this ever-changing crisis.

The Centers for Disease Control and the American Red Cross (ARC) determined that congregate sheltering will be performed only in extreme emergency situations and provided a framework for non-congregate sheltering to be used during this time. The Lexington Chapter of the ARC determined that they will not support congregate sheltering exercises during the pandemic. For these reasons, it was decided to remove all sheltering and reception sites from the 2020 exercise.

Social distancing rules remain active within the Commonwealth. A minimum of six feet of spacing is required between personnel. The use of personal protective equipment, hand sanitizer and temperature checks are strongly encouraged. The Kentucky Department for Public Health issued a travel advisory on July 20, 2020 which remained in effect at the time of the exercise. The travel advisory recommends a 14-day self-quarantine for travelers from eight states. Many of the personnel who were scheduled to support the exercise reside in these states.

These factors prevented an in-person, full-scale exercise from being conducted. Only the Emergency Operations Centers in each county were exercised.

The hospitals within the CSEPP footprint have been heavily impacted by the pandemic. In most cases they have exceeded 100 days in emergency operations. The level of critical respiratory illness managed during this event could be on par with what we might expect in a CSEPP event. Management of patients, staff, and ever-changing logistics are just a few of the challenges they have faced. Saint Joseph - London was approved for exercise credit and did not exercise in September 2020.

Emergency Response Outcome 1 – Preparedness

Laurel County serves as a host county for the Blue Grass Community CSEPP. The Laurel County Emergency Operations Plan (EOP) is current (dated December 2018). The EOP covers all-hazards emergency operations, and specifically covers the Emergency Support Functions (ESF) that support emergency operations center (EOC) operations. The CSEPP Incident Specific Plan (ISP) provides details for the planning, response, and recovery from a CSEPP accident or incident. The EOP, including the ISP, is consistent with Army and CSEPP policy and guidance and incorporates the National Incident Management System (NIMS). The EOP and ISP is inclusive of people with access and functional needs; the community is in the process of identifying and incorporating people with limited English proficiency.

Laurel County is represented on the Blue Grass community CSEPP Integrated Process Team and is integrated in the exercise planning team for the annual community CSEPP exercise. Laurel County maintains an active joint on-post/off-post exercise program by participating in Chemical

Accident/Incident Response and Assistance exercises and the annual CSEPP exercise. The county incorporates lessons learned from previous exercises into their emergency plans. The county supports and oversees the local exercise program through a local planning team and conducts individual department (Fire, Law, etc.) drills on a periodic basis.

Laurel County maintains a continuing education program for responders. Emergency responders complete formal training and refresher training which are consistent with their duties. Response training includes EOC and WebEOC® training in preparation for EOC activation during emergencies. The training reflects relevant NIMS standards and guidelines. Individual training records are maintained at various locations. The local fire department and the contracted hazardous materials response company maintain their own training records. Local training records are kept at the Laurel County Emergency Management Agency (EMA).

Laurel County has a public outreach and education program which assists in increasing the level of protective action knowledge in the community. In addition to the Blue Grass CSEPP community handout materials (e.g. CSEPP calendars), Laurel County also has a Facebook page (<https://www.facebook.com/laurelcountydps>), which promotes community awareness. According to the local demographics, approximately one percent of the Laurel County residents speak a language other than English. Signage and personal care kits that support the local decontamination operations are depicted in both English and Spanish.

Laurel County maintains their emergency response facility, equipment, vehicles, supply stockpiles, and alert and notification systems in an operational status. The equipment is maintained on a regular schedule (e.g. daily, weekly, and/or monthly). Communications link equipment between designated on-post and off-post notification points is tested daily. Primary and backup communications capabilities include the Blue Grass Alert and Notification System (BGANS) phone and the red phone (both operated at the local 911 dispatch office), desk/cell phones, and VHF/UHF/800 MHz radios. Records of the maintenance activities are kept at the local EMA office and are available for review.

As a host county, the Laurel County EOC becomes activated when notified of an emergency at the Depot through their 911 dispatch office (which also acts as the county's 24-hour warning point). Someone with authority is immediately available to activate alert and notification system if needed.

COVID-19

During COVID response, Laurel responders met to discuss the daily operations of emergency response agencies in the county. This involved the planning of different types of response and the proper use of PPE and taking extra precautions for responder protection. No activations of Incident Command structure were noted.

They have not utilized the Integrated Public Alert & Warning System (IPAWS) during the current pandemic, but they do conduct the required monthly tests to the IPAWS Lab, and plan to exercise the IPAWS function in the Blue Grass (BG)-21 exercise for emergency notification.

With COVID-19 response, Laurel managed resource requests, assisted with regional distribution of PPE, monitored the situation via WebEOC®, and maintained the local cache of PPE for their responders.

Training was reported as having continued throughout the pandemic. Most of their training sessions are now conducted virtually, or while social distancing. The use of Zoom for video conferencing and Zoom familiarity among EOC staff was exhibited in both preliminary meetings and during the exercise.

CSEPP readiness was reported as having helped in preparedness for the pandemic by establishing prior knowledge of similar PPE. The past exercises were reported as having given the county the ability to be proactive as to their ability to plan and exercise scenarios based upon a particular threat or risk.

Emergency Response Outcome 2 – Emergency Assessment

Initial notification of an accident at the BGAD was received by the Laurel County 24-Hour Warning Point via the BGANS at 0923. Warning point personnel completed the Blue Grass Chemical Activity Off-Post Notification Form. Laurel County was not issued a protective action recommendation in the initial or subsequent calls because they were not impacted by the hazard footprint.

Warning point personnel relayed this information to the Emergency Management (EM) Director at the Laurel County EOC. During the remainder of the exercise, the warning point received three additional notifications via BGANS and fax but did not forward this information to the EOC due to assuming the EOC would be receiving subsequent notifications directly.

Finding LA20.2.1

Subject: Failure to Relay BGAD Notifications

Discussion: During the exercise, the Laurel County 24-hour warning point did not forward emergency notifications 2, 3, and 4 from BGAD to the Laurel County EOC.

Recommendation: The Laurel County EMA and Laurel County 911 should conduct a root cause analysis of the failure of 911 personnel to provide subsequent BGAD notifications to the EOC. Steps to address this issue could involve using checklists, additional training, or additional communications capabilities.

Reference:

Laurel County CSEPP Incident Specific Plan, December 2018, Concept of Operations Section, Response Phase, page 24:

“Notification of an incident at BGAD is provided to the Laurel County EOC during business hours and to the 24-hour warning point (E-9-1-1) via the BGANS telephone. If

there is a BGANS system failure, backup systems include the Red Phone, 800 MHz radio, and/or satellite phone from BGAD. The standard Off-Post Notification Form will be used to ensure accurate recording of information.”

CSEPP Program Guidebook, March 2019 - Benchmark 2: Alert and Notification, Actions Required, p.27:

“Actions Required - Ensure CSEPP personnel coordinate chemical event notifications and other relevant information between installation and *community emergency* operations centers (EOCs) in compliance with Army procedures and local memorandums of understanding (MOUs). “

Emergency Response Outcome 3 – Emergency Management

At 0930 the Laurel County EOC received a Chemical Event Notification Level form regarding a chemical accident at BGAD from the Laurel County 24-Hour Warning Point. The notification was delivered verbally by telephone to a dispatcher and by fax at 0942. The incident involved the release of GB (Sarin).

At 0933 the EM Director initiated the EOC activation process. The EM Director used AlertSense to prepare and disseminate a message to select individuals. The electronic message was delivered via email to 26 staff personnel with 23 successes and via text to 50 personnel with 27 successes. (The AlertSense report indicates 24 unique personnel and three duplicates were notified via text.) The hardcopy Notification Call Checklist indicates 37 personnel were notified.

As EOC personnel arrived, they were cleared through the COVID-19 evaluation outside the EOC and once inside, began activating ESF positions. The Blue Grass CSEPP 2020 and Laurel County significant events boards were displayed on large screen monitors to enhance situational awareness.

By 0943 the EM Director determined that a sufficient number of ESF positions had been staffed to initiate EOC operations, notified the State Emergency Operations Center and conducted the initial situation briefing. The EOC Position Report indicated that 19 personnel were present to support ESF operations. As more staff came in, several ESF positions were staffed with multiple personnel. ESF positions 2, 3, 4, 5, 7, 8, 9, 10, 11, 13, 14 and 15 were engaged. The full staff included representatives of county and municipal agencies, including the County Judge Executive. External participants included representatives from CHI Saint Joseph Health-Saint Joseph London and Ambulance Service Incorporated – Laurel County.

EOC activities included preparing to support requests for assistance to jurisdictions affected by the BGAD incident and to provide support for sheltering of evacuees from other counties.

At 0945 the EOC received notification that a box truck carrying Aluminum foil and a tanker carrying muriatic acid collided at South US 25 and Little Drive. Field activities were not conducted to simulate response to the accident scene. St. Joseph London Hospital was notified and had an

exercise representative in the Emergency Department who was in constant communication via Zoom with ESF 8 representative in the EOC throughout the exercise.

The EM Director conducted multiple regularly scheduled briefings to EOC staff, allowing each ESF to brief its specific area of responsibility. This created good, EOC-wide situational awareness.

The Madison County EOC was contacted by the Laurel County EM Director at 1054 and was advised that any evacuees from Madison would be directed to Powell County. After consulting with ESF personnel, the EM Director determined that Laurel County did not require assistance from mutual aid partners. Therefore, Laurel County did not execute a disaster declaration.

ESF 2 - Communications were supported by personnel from the Laurel County 24-Hour Warning Point.

Emergency Response Outcome 4 – Hazard Mitigation

Not Applicable.

Emergency Response Outcome 5 – Protection

Not exercised in 2020.

Emergency Response Outcome 6 – Survivor and Patient Care

CHI Saint Joseph Health - Saint Joseph London (CHI-SJHSJL)

Due to the extreme hardship of the COVID-19 pandemic and the uncertainty of their ability to participate in the 2020 Blue Grass Community CSEPP Exercise, CHI-SJHSJL requested exercise credit in lieu of participation. CHI-SJHSJL's COVID-19 response after-action report below summarizes their response activities and capabilities that are applicable to related Exercise Evaluation Guide tasks. This documentation also includes the identification of strengths and opportunities for improvement and prioritized corrective actions.

CHI-SJHSJL is located in Laurel County, 50 miles south of BGAD. CHI-SJHSJL is licensed for 120 patient rooms and serves patients in southeastern Kentucky including the counties of Clay, Laurel, Jackson, and Whitley. The ED consists of 36 patient beds, including four negative pressure rooms and 12 beds designated for fast-track. Due to the increase in patient acuity during COVID-19, the fast-track beds are being used for more acute patients. During peak hours, the emergency department (ED) is staffed with 12 registered nurses, five ED technicians, three physicians, and two mid-level providers. Their trauma bay is configured for a two-bed operation but can be reconfigured to operate up to four beds. Although ED volume decreased during the early COVID-19 period, the volume has now returned to an average of 38,000 – 40,000 patient visits annually.

Presently, CHI-SJHSJL has no CSEPP provided antidote for the management of nerve agent exposed persons.

In advance of the scheduled exercise, a virtual interview was conducted with hospital administrative personnel for the purpose of validating and updating COVID-19 response activities. In addition, the facility's compliance with the following Emergency Response Outcome 1 Preparedness capabilities was validated:

- A/C.1.1.E - Maintain Coordinated Emergency Plans and Procedures - Emergency plans related to the possibility of a CAI are current, coordinated, and available where needed. Emergency plans are updated as necessary.
- A/C.1.3.E - Maintain a Continuing Education Program for Responders - Emergency responders are identified, trained, and certified as required. Training records are kept and organized.
- A/C.1.5.E - Maintain the CSEPP Emergency Response Physical Infrastructure in an Operational Status - All components of the CSEPP emergency response physical infrastructure (e.g., facilities, vehicles, equipment, supply stockpiles, and alert and notification systems) are checked, tested, and maintained on a regular basis; all components of the infrastructure are available and operational.

Saint Joseph London Hospital exercised many components of their emergency management program and EOP during the COVID-19 response, including, but not limited to: implementing Hospital Incident Command; establishing policies and procedures for provision of care to infectious/potentially infectious patients (e.g., airway management procedure) and protection of staff; establishing an alternate triage area in the ambulance bay for screening possible COVID-19 patients; and planning for a possible alternate care site. The hospital provided just-in-time training to personnel, including donning/doffing re-education with competency check-off.

The hospital identified their top strengths as ED nursing staff's knowledge and familiarity with decontamination processes; leadership commitment and knowledge and purpose of Incident Command structure; and daily or periodic situation report updates with leaders on the status of such things as PPE availability, which allowed for rapid changes when needed in patient management.

Their highest priority self-identified area for improvement was the need to include more providers in annual decontamination training to ensure their familiarity with the processes and available equipment. Training on donning and doffing PPE, including Powered Air Purifying Respirators, was conducted with all staff, including ED providers and staff on patient-care units. In addition, the operation of a Hospital Command Center for an extended period necessitated training and orientation for a greater depth of personnel to assume key incident management positions. Other self-identified areas for improvement included management/rotation of PPE, mass casualty supplies, and the need for a standardized electronic patient tracking system with the capability to exchange information.

One of the lessons learned by the facility was the importance of providing information to hospital staff, which increased their level of preparedness and decreased their anxiety. Daily in-person staff briefings were a very effective communication tool for provision of this information.

CHI-SJHSJL's response to COVID-19 was similar in many ways to the hospital response of a community event from the Blue Grass Army Depot, requiring many of the same skills, tools, communication channels, and a heavy reliance on interagency coordination. The unique challenges and lessons learned in their response to the COVID-19 pandemic will strengthen future emergency response. The CSEP Program benefits from the knowledge that if an actual CSEPP community response was necessary, CHI-SJHSJL validated their true capability through their response to a real-world event.

Emergency Response Outcome 7 – Emergency Public Information

Not exercised in 2020.

Emergency Response Outcome 8 – Remediation and Recovery

Not Applicable.

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KENTUCKY EMERGENCY MANAGEMENT AGENCY (KYEM)

2020 presented a multitude of challenges related to the COVID-19 pandemic. Like many counties both within the Commonwealth of Kentucky and around the country, the Chemical Stockpile Emergency Preparedness Program (CSEPP) counties continue to sustain a prolonged emergency response to manage this ever-changing crisis.

The Centers for Disease Control and the American Red Cross (ARC) determined that congregate sheltering will be performed only in extreme emergency situations and provided a framework for non-congregate sheltering to be used during this time. The Lexington Chapter of the ARC determined that they will not support congregate sheltering exercises during the pandemic. For these reasons, it was decided to remove all sheltering and reception sites from the 2020 exercise.

Social distancing rules remain active within the Commonwealth. A minimum of six feet of spacing is required between personnel. The use of personal protective equipment, hand sanitizer and temperature checks are strongly encouraged. The Kentucky Department for Public Health issued a travel advisory on July 20, 2020 which remained in effect at the time of the exercise. The travel advisory recommends a 14-day self-quarantine for travelers from eight states. Many of the personnel who were scheduled to support the exercise reside in these states.

These factors prevented an in-person, full-scale exercise from being conducted. Only the Emergency Operations Centers in each county were exercised.

The Commonwealth of Kentucky Emergency Operations Center was fully active in the pandemic response for over one hundred days. During this time, coordination with county, state and federal agencies was achieved. Assets were received and dispensed from the Strategic National Stockpile and Vendor Managed Inventories, development and construction of alternative care sites was coordinated, county requests for assistance were received and filled, and all actions required of a prolonged incident were performed. These actions have shown great capability to respond to a CSEPP event. The request for credit for COVID19 response actions in lieu of exercise participation in BG20 was approved by FEMA. The KYEM EOC did not participate in the exercise, but did process the initial alert and notification as it would have done in any quarterly Chemical Accident/Incident Response and Assistance (CAIRA) event.

The KYEM Public Information system has been heavily engaged in communicating with the public throughout the COVID-19 response. This was achieved through coordination with the Joint Information Center made up of Public Information Officers across the Commonwealth Agencies. Coordination of messaging and maintaining public awareness is the hallmark of any good Public Information / Joint Information System. PIO activity at the State EOC was permitted to stand down for the exercise.

Emergency Response Outcome 1 – Preparedness

Not exercised in 2020.

Emergency Response Outcome 2 – Emergency Assessment

Not exercised in 2020.

Emergency Response Outcome 3 – Emergency Management

Not exercised in 2020.

Emergency Response Outcome 4 – Hazard Mitigation

Not Applicable.

Emergency Response Outcome 5 – Protection

Not exercised in 2020.

Emergency Response Outcome 6 – Survivor and Patient Care

Not Applicable.

Emergency Response Outcome 7 – Emergency Public Information

Not exercised in 2020.

Emergency Response Outcome 8 – Remediation and Recovery

Not Applicable.

SECTION 4. FINDINGS & IMPROVEMENT PLANS

A listing of Findings identified follow. Findings are grouped by the responsible jurisdiction and have been assigned a unique identifying number that is used throughout the report. The identifying number should be used in completing improvement plans.

The number is structured as follows: XX20.Y.1. The “XX” is a two-letter identification of the response organization to which the corrective action applied (BG for BGAD, BC for the Blue Grass Community, MC for Madison County, ES for Estill County, CK for Clark County, GR for Garrard County, JA for Jackson County, PO for Powell County, RO for Rockcastle County, JS for Jessamine, LA for Laurel County, and LF for Lexington-Fayette Urban County Government, KY for the State of Kentucky); “20” represents the year of the exercise; “Y” indicates the Emergency Response Outcome (ERO) where the Finding Requiring Corrective Action was noted, this will be an Arabic number representing the appropriate ERO (e.g., 1 for Preparedness, 2 for Emergency Assessment, 3 for Emergency Management, 4 for Hazard Mitigation, 5 for Protection, 6 for Survivor and Patient Care, 7 for Emergency Public Information and, 8 for Remediation and Recovery) and: “1” is the sequence number of the corrective action.

ID Number	Subject	Page
LF20.5.1	Lack of Law Enforcement Officer	3-65
LF20.5.2	IPAWS message for Protective Action Decision Cited Evacuation instead of Shelter-in-Place	3-68
LF20.6.1	Heat Strain Management	3-75
LA20.2.1	Failure to Relay BGAD Notifications	3-103

IMPROVEMENT PLANS

This section contains the improvement plans for the Blue Grass Community identified during the BG Ex 20 and/or the resolution of Findings from previous Blue Grass CSEPP exercises. The improvement plans are organized by jurisdiction.

Blue Grass Army Depot (BG).....	4-3
Lexington-Fayette Urban County Government (LF).....	4-4
Laurel County (LA)	4-6

<p>Common Capabilities</p> <p>Planning Public Information and Warning Operational Coordination</p> <p>Prevention</p> <p>Intelligence and Information Sharing Interdiction and Disruption Screening, Search, and Detection Forensics and Attributions</p> <p>Protection</p> <p>Intelligence and Information Sharing Interdiction and Disruption Screening, Search, and Detection Access Control and Identity Verification Cybersecurity Physical Protective Measures Risk Management for Protection Programs and Activities Supply Chain Integrity and Security</p> <p>Mitigation</p> <p>Community Resilience Long-term Vulnerability Reduction Risk and Disaster Resilience Assessment Threat and Hazards Identification</p>	<p>Response</p> <p>Infrastructure Systems Critical Transportation Environmental Response/Health and Safety Fatality Management Services Fire Management and Suppression Logistics and Supply Chain Management Mass Care Services Mass Search and Rescue Operations On-scene Security, Protection, and Law Enforcement Operational Communications Public Health, Healthcare, and Emergency Medical Services Situational Assessment</p> <p>Recovery</p> <p>Infrastructure Systems Economic Recovery Health and Social Services Housing Natural and Cultural Resources</p>
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CLOSED FINDINGS FOR BLUE GRASS ARMY DEPOT (BG)

Finding Number	Name	Primary Organization & Action Officer	Date Due/ Completed
BG19.5.1 CLOSED	Two Medics Were Unprepared to Participate Fully in the Exercise	BGAD Occupational Health Clinic, Supervisor	1 Nov 2019
Mission Area: Response			
Core Capability: Environmental Response/Health and Safety			
Corrective Action: Ensure all BGAD MRT assigned paramedics get issued PPE undergarments, and receive training on proper wearing.			

Finding Number	Name	Primary Organization & Action Officer	Date Due/ Completed
BG19.6.1 CLOSED	Victims Left Unattended	BGAD Occupational Health Clinic, Supervisor	5 Dec 2019
Mission Area: Response and Safety			
Core Capability: Environmental Response/Health and Safety			
Corrective Action: Train current assigned paramedics on standard medical procedure in not leaving a patient unattended.			
<p>Note: four of six paramedics are Term Employees, scheduled to end term February 2020. Secondary plan is to train incoming newly assigned paramedics on proper medical procedure NLT 90 days of employment.</p>			

**IMPROVEMENTS PLAN FOR
LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT (LF)**

Finding Number	Name	Primary Organization & Action Officer	Date Due/ Completed
LF18.5.1 LF19.5.1 LF20.5.1	Lack of Constant Presence of Law Enforcement at Reception Center	DEM Denisa Robinson	March 1, 2019
Mission Area: Response			
Core Capability: Public Health, Healthcare, and Emergency Medical Services			
Corrective Action: Lexington-Fayette concurs with the recommendation for Law Enforcement Support at the Jacobson Park Reception Center and will modify the existing ISP. In addition to Law Enforcement, our ISP will include Emergency Medical Services.			
Lexington Emergency Management Staff met with Human Services, the Agency that operates the Reception Center and will create a checklist that includes the arrival or presence of identified agencies.			
Training will be conducted for Human Services Staff that will include processes for requesting additional resources from the ESF Lead in the EOC.			

Finding Number	Name	Primary Organization & Action Officer	Date Due/ Completed
LF20.5.2	IPAWS message for Protective Action Decision Cited Evacuation instead of Shelter-in-Place	DEM Pat Dugger, EMA Director	November 6, 2020
Mission Area: Response			
Core Capability: Public Information and Warning			
Corrective Action: The current SOP will be reviewed and updated. Then, training will be provided to message senders and requestors.			

Finding Number	Name	Primary Organization & Action Officer	Date Due/ Completed
LF19.6.1 LF20.6.1	Heat Strain Management	University of Kentucky Albert B. Chandler Hospital	May 1, 2020
Mission Area: Protection Core Capability: Physical Protective Measures			
Corrective Action: <ul style="list-style-type: none"> • Vital sign exclusion parameters will be added to the pre/post medical screening form. • A licensed healthcare provider will be required to review the pre/post medical screening form. • Work and rest times will be created based on air temperature. • Reentry vital signs will be mandatory as well as mandatory medical clearance. • Primary safety officer will be responsible for monitoring suit times and rotating staff. 			

**IMPROVEMENTS PLAN FOR
LAUREL COUNTY (LA)**

Finding Number	Name	Primary Organization & Action Officer	Date Due/ Completed
LA20.2.1	Failure to Relay BGAD Notifications	Laurel County 911 Dispatch / Mike Holt	12-31-2020
Mission Area: Protection Core Capability: Operational Coordination			
Corrective Action: A policy will be developed that ensures that all information received from the Blue Grass Army Depot (BGAD) is relayed/transmitted to the EOC during all CSEPP exercises and events, and that the EM Director and CSEPP Director are notified. Toward this end, the 911 Board met on 10-20-2020 to develop a policy. All dispatchers will receive training on this policy. Also, the Blue Grass Army Depot's distribution list will be updated to include current email addresses for the CSEPP Director, CSEPP Trusted agent, and EM Director. This will be coordinated with the exercise trusted agent for the Blue Grass Army Depot.			

ANNEX 1. COMMUNITY READINESS PROFILE

Benchmark Capability Review of Blue Grass CSEPP Community

Note: Although completion dates are not available for all items, those noted as 'Partially Capable' and 'Not Capable' are the subject of ongoing corrective actions.

Updated: 19 Aug 20

Administrative Support and Qualified Personnel

*(Applies to core capabilities across all program mission areas
as part of the Planning and Organization solution area)*

Areas to consider include, but are not limited to:

- ◆ Regulatory Compliance
- ◆ Proper Execution of Cooperative Agreement
- ◆ Ongoing Program Analysis, Evaluation and Management
- ◆ Program Management
- ◆ Personnel Issues

Core Capabilities:

(C) Ongoing program performance (WebCA) reporting software is in place; rollout completed.

(C) Annual Cooperative Agreement is properly prepared, awarded, and closed out in accordance with statutory requirements.

(C) KYEM CSEPP positions for plans and logistics are vacant and duties are assigned temporarily to other staff; financial management process training ongoing for counties.

(C) IPT Onboarding materials and briefings available and offered to all incoming federal, state, and county staff.

(C) IPT beginning to plan to address program closeout issues and activities.

Enhanced Capabilities:

Community Self Assessment Rating – (C)

Alert and Notification/Automation

(Public Information and Warning; Cybersecurity and Operational Communications)

Areas to consider include, but are not limited to:

- ◆ Initial Alert and Activation
- ◆ Protective Action Recommendations and Decision Making
- ◆ Public Notification, Instruction and Emergency Information
- ◆ Communications Systems, Facilities, Equipment and Displays

Core Capabilities:

(C) EAS is in place and functional.

(C) BGAD is capable of effective on-post alert and notification.

(C) BGAD EOC has remote access for sounding AARs and sirens.

(C) 24-hour warning and mass notification system exists at BGAD, KYEM, and all CSEPP counties.

(C) BGANS station linking BGAD, State EOC, Madison County, and back-up EOC in Berea is in place; BGANS issues in Fayette County is mostly resolved.

(C) 90 outdoor warning sirens are installed, operational, and tested twice monthly in Madison County.

(C) 16 sirens are installed, operational and tested regularly in Estill County.

(C) 36,500 indoor AARs are installed and operational in Madison County; additional radios are being distributed as needed and as requested.

(C) 3,100 + weather radios are installed and operational in Estill County.

(C) IPAWS testing is continuing.

(C) EAS radio transmitting capabilities are operational in Madison County; EAS interrupt is available on local cable TV and FM radio stations.

(PC) Estill County is examining alternatives, e.g., IPAWS, to cable TV crawl for notification.

(PC) Emergency messaging needs to be translated into Spanish.

Enhanced Capabilities:

Community Self Assessment Rating – (C)

Communication Systems

(Operational Communications)

Areas to consider include, but are not limited to:

- ◆ Communications Systems, Facilities, Equipment and Displays

Core Capabilities:

- (C) Telephones/FAX machines are installed and operational at BGAD and in all jurisdictions.
- (C) WAN links Madison County to BGAD through high-capacity dedicated lines.
- (C) 911 TDD capability exists in all jurisdictions except Laurel County.
- (C) Radios are installed in all regularly run school buses in IRZ/PAZ counties.
- (C) Additional emergency communication is available through the Department of Military Affairs Radio Communications System (DMARCS) using the Kentucky National Guard radio system with Madison County. Mutual aid frequencies are programmed in all Madison County 800 MHz radios.
- (C) Satellite communications between BGCA and Madison County EMA and Health Department in place.
- (C) 800 MHz base stations exist at BGAD and in all jurisdictions, including KYEM State and 9 Area offices; training is needed.
- (C) Community ARES/RACES is organized and protocols exist. Fayette County does not have an ARES organization and is working with BARS, but no protocols exist.
- (C) Madison County 911 has TDD capability but transfers foreign language calls to Kentucky State Police.
- (C) Spanish language communications are in all communities and the Prepare KY website has Spanish translation capability.
- (PC) LEP message development is an ongoing process.

Enhanced Capabilities:

Community Self Assessment Rating – C

Coordinated Plans

*(Risk Management for Protection Programs and Activities;
Planning; and Threats and Hazards Identification)*

Areas to consider include, but are not limited to:

- ◆ Integrating complete and effective Emergency Operations Plans from the Army depot, the federal government, state government and all local jurisdictions

Core Capabilities:

(C) Blue Grass IPT's Plans Working Group meets to discuss plans coordination issues.

(C) Plans are complete at BGAD.

(C) All County plans were reviewed, approved and accepted in 2018-2019.

(C) Recovery Sampling and Analysis Framework and Plan were approved prior to the startup of demil operations in May 2019.

(PC) KYEM support for Mutual Aid agreements is in question and, depending upon the final determination, all plans may need to be revisited.

Enhanced Capabilities:

Community Self Assessment Rating – C

Emergency Operations Centers
(Operational Coordination and Situational Awareness)

Areas to consider include, but are not limited to:

- ◆ Command and Control
- ◆ Communications Systems, Facilities, Equipment and Displays
- ◆ 24-hour Operations

Core Capabilities:

(C) All State and local EOCs are operational.

(C) Madison County EOC (560 South Keeneland Drive, Richmond) is staffed 24/7.

(C) Alternate EOC and JIC (200 Harrison Road, Berea) is functional with BGANS and satellite phone.

(PC) Capability to sustain 24/7 operations is limited in all off-post jurisdictions.

Enhanced Capabilities:

Community Self Assessment Rating – C

CSEPP Exercises and Training

*(Applies to core capabilities across all program mission areas
as part of the Planning, Organization, and Training solution areas)*

Areas to consider include, but are not limited to:

- ◆ Current Exercise Policy
- ◆ Consistency among Federal, State and local training plans
- ◆ A competent, well-trained program staff at the state and local levels
- ◆ Comprehensive initial and refresher training for local responders and medical personnel

Core Capabilities:

(C) Last CSEPP Exercise was conducted September 18, 2019.

(C) Off-post community participates in BGAD CAIRA exercises.

(C) Next exercise is scheduled for September 15, 2021.

(C) Madison County performs a variety of internal and inter-organizational tabletop and functional exercises.

(C) Training for responders/medical personnel has occurred in all jurisdictions and is ongoing; turnover remains high.

(PC) Improvements in volunteer agency, public works, and elected official training have been made but continued activity and progress is needed.

Enhanced Capabilities:

Community Self Assessment Rating – C

Medical Preparedness

(Public Health, Healthcare, and Emergency Medical and Fatality Management Services)

Areas to consider include, but are not limited to:

- ◆ Communications Systems, Facilities, Equipment and Displays
- ◆ Medical Services – First Response
- ◆ Medical Services – Transportation
- ◆ Medical Services – Medical Facilities
- ◆ Screening, Decontamination, Registration and Congregate Care of Evacuees

Core Capabilities:

(C) Community has sufficient supplies, equipment and personnel to conduct decontamination for a limited number of hours.

(C) Portable decontamination stations exist in all Madison County jurisdictions with funding for additional resources.

(C) 5,550 auto-injectors are on hand in Madison County per risk analysis.

(C) Medical equipment and supplies available in all local jurisdictions for a limited number of casualties; prepared for a few hundred cases only.

(C) Funding and resources are adequate for ongoing training of first responders and hospital emergency medical staff with CSEPP curricula.

(PC) Madison County is capable of providing medical care for a limited number of patient survivors involved in a CSEPP incident/accident; improvements are continually being made at both Madison County hospitals.

Enhanced Capabilities:

Community Self Assessment Rating – C

Protective Actions

(Risk Management for Physical Protective Measures; Protection Programs and Activities; Critical Transportation; Mass Care Services; On-scene Security, Protection, and Law Enforcement; and Environmental Response/Health and Safety)

Areas to consider include, but are not limited to:

- ◆ Initial/ongoing Chemical Event Hazard Assessment.
- ◆ Protection Action Decision Making and Implementation
- ◆ Traffic Access and Control

Core Capabilities:

(C) Community has sufficient supplies, equipment and personnel to conduct protective actions for a limited number of hours.

(C) Traffic management plans and equipment continues to be exercised.

(C) Shelter-in-Place (SIP) kits have been distributed in Madison County; maintenance distribution program is in place; community growth and movement continuing challenge.

(C) Estill County has distributed SIP kits while distributing weather radios.

(C) Fayette County has sent letters to affected residents and is distributing SIP kits as requested.

(C) Madison County has staged bus project; capability being sustained with training and certification.

(PC) Collective Protection initiatives have been funded and are in progress in Madison County; community growth makes these moving targets.

Enhanced Capabilities:

Community Self Assessment Rating – C

Public Outreach/Education

(Public Information and Warning)

Areas to consider include, but are not limited to:

- ◆ Public Notification, Instructions and Emergency Information
- ◆ Communications Systems, Facilities, Equipment and Displays
- ◆ Protective Action Implementation for Special Populations and Facilities
- ◆ Public Affairs

Core Capabilities:

(C) Full-time public information officers are on staff at BGCA and at Madison and Estill Counties; part-time public information officers are on staff in other jurisdictions and at KYEM CSEPP; all coordinate via the IPT's Blue Grass Public Awareness Working Group.

(C) JIC staff have been identified and trained; JIC has audio/visual capability and most staff are trained for its use; JIC backup in Berea is functional.

(C) CSEPP Calendar is published and distributed annually to IRZ/PAZ/Host County residents, libraries, and local businesses.

(C) Local public information programs (brochures, newspaper articles, radio ads, television infomercials, school and civic group presentations, and participation in community events) are ongoing; media campaign extended through June 2019.

(C) Residents in all jurisdictions are provided educational material about CSEPP, zones, SIP, weather and traffic alerts, and family plans through social media, presentations, and participation in organized events.

(C) Websites have been developed and are maintained at BGAD, KYEM, Madison County, and for eight CSEPP jurisdictions.

(PC) Improved outreach and messages for those with functional and access needs and limited English proficiency continues to be addressed.

(PC) JIS capability is present but needs to be strengthened to expand the CSEPP public affairs capability

Enhanced Capabilities:

Community Self Assessment Rating – C

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ANNEX 2. ANNUAL EXERCISE RECAPS

The Blue Grass Community CSEPP Exercises are conducted to demonstrate the emergency response capabilities of the Blue Grass Community Chemical Stockpile Emergency Preparedness Program (CSEPP) and to validate correction of findings identified during past CSEPP exercises.

The requirement for conducting CSEPP exercises was established in the August 1988 Memorandum of Understanding between the Federal Emergency Management Agency (FEMA) and the U.S. Department of the Army. Exercise design, planning, evaluation, and reporting guidance is contained in the *Exercise Implementation Guidance, Chemical Stockpile Emergency Preparedness Program, dated December 2019*.

Exercise design and planning is accomplished by the Army and FEMA CSEPP Co-Directors, and representatives from the Blue Grass Chemical Activity (BGCA), Madison County, Clark County, Estill County, Garrard County, Jackson County, Powell County, Rockcastle County, Jessamine County, Laurel County, Lexington-Fayette Urban County Government (LFUCG), and Kentucky Emergency Management (KYEM).

The exercise was evaluated using the Integrated Performance Evaluation methodology and Emergency Response Outcomes (EROs). The EROs are listed below.

- ERO 1 - Preparedness
- ERO 2 - Emergency Assessment
- ERO 3 - Emergency Management
- ERO 4 - Hazard Mitigation
- ERO 5 - Protection
- ERO 6 – Survivor and Patient Care
- ERO 7 - Emergency Public Information
- ERO 8 - Remediation and Recovery

September 18, 2019 Full Scale Exercise Summary

Participation: The Blue Grass Army Depot (BGAD), BGCA, Commonwealth of Kentucky, Madison, Clark, Estill, Garrard, Jackson, Jessamine, Powell, Rockcastle and Laurel counties and the Lexington-Fayette Urban County Government participated in the Blue Grass Community CSEPP Ex 19. In addition to first responders and EOCs, many schools and hospitals in the CSEPP footprint participated as well.

Response to the real-world needs generated by Hurricane Dorian reduced both the available evaluator and player pools. Though personnel changes were required, changes to planned exercise play and evaluation were not needed.

Initiating Event: On September 18, 2019, the scheduled operation for one chemical crew was a shipment of two pallets of GB-filled, M55 rockets from an igloo in the Chemical Limited Area (CLA) to the Blue Grass Chemical Activity Pilot Plant. At 0846 the forklift, placing one pallet of

(15) rockets onto the EONC tray malfunctioned and struck the end of the pallet resulting in an explosion spreading GB agent, the scattering of rockets from the pallets, and agent leakage.

Three individuals in the crew were injured, two exhibited severe agent exposure symptoms, and one received a non-chemical related injury. All were appropriately assisted and treated.

On-Post Activity: At 0846, an explosion of GB M55 rockets occurred in the CLA. Initial reports from the field indicated as follows; first a chemical event (0847); then an explosion involving GB rockets (0849); and finally, the third report indicated 10 rockets had exploded (0851). Hazard Analysts (HAs) conducted a modeling run using the Maximum Credible Event (MCE) of two rockets exploding and 13 leaking. They identified on-post and off-post areas at risk and declared a *Community Emergency*. At 0852, off-post 24-hour warning points were notified of protective action recommendations (PAR) to shelter zones 1A, 1D and 2A in Madison County. The five-minute notification requirement was met; the five-minute period begins “when any individual who is responsible for identifying and reporting Chemical Accident/Incidents (CAIs) to the proper installation authority becomes aware of an event that might constitute a Community Emergency, and has the means to safely report it to the proper installation authority.” The initial on-post protective action decision (PAD) was to avoid zones F, G, PF and PG, and the CLA; for security forces to be aware of downwind areas 2, 3 and 4; and for personnel in the restricted area to go to their designated rally point.

The WebPuff model continued to be revised based on updated information. A slight wind shift caused zone 1B to be affected, and it was given a shelter PAR via the Blue Grass Alert and Notification System (BGANS) at 0915. A BGANS call at 0934 included PARs of exit shelter for 1A and 1D. The BGANS call at 0938 was based on incorporating into WebPuff the erroneous report of 10 rockets exploding; this added zone 3B, which was given a PAR of shelter. The HAs were then informed that the report of 10 rockets exploding was not confirmed; they changed the modeling run and issued exit shelter PARs for all zones.

A Hotline (personnel decontamination station) was established quickly just inside the CLA fence line. The Hotline processed all personnel with minimal environmental impact. The re-entry team poured vermiculite over the puddles at the accident site, and plastic sheets were placed over the leaking rounds and the puddles, limiting the existing vapor hazard.

Other Army EOCs interacting with BGAD during the exercise included the Chemical Materials Agency (CMA).

Two on-post findings were noted in the exercise report. Additional details on the exercise response are provided in the exercise report.

Off-Post Activity: As noted above, the need to respond to a real-world hurricane incident required last minute adjustments to personnel.

Off-post communities were promptly and efficiently notified by BGAD of the chemical emergency via the BGANS telephone system. BGANS performed reliably throughout the event. All off-post EOCs activated quickly and used automated notification systems to speed staff

mobilization and activation. EOCs used state of the art automation systems including WebEOC® and WebPuff to track resources, effectively share information, and estimate hazard impacts. The Commonwealth and those jurisdictions who deemed it necessary, promptly issued Declarations of Emergency.

Off-post EOC managers effectively briefed EOC staff and maintained high levels of situational awareness, including changes in the number of munitions involved, wind direction and protective action decisions (PAD). Communications were effective with strong support from amateur radio operators.

An additional component of this exercise was the provision of mutual aid support from Garrard County, which was not at risk, to Madison County, which was impacted by the chemical emergency. Mutual aid was provided for both field and EOC operations. The additional staff were integrated effectively into response operations. This is a best practice that enhances the capability for extended emergency operations in the impacted jurisdictions.

Protective actions for schools were exercised in out-of-sequence activity on March 20, 2019, and in-sequence. Eight schools in Madison County and one in Estill County were evaluated in March. In September, eight schools in Madison County and one daycare in Estill County were evaluated. When notified, each activated their shelter-in-place procedures in response to an accident at the Depot. All Madison County schools are equipped with 800 MHz radios and Adviser Alert Radios (AAR) for the purpose of receiving alert and notification of an emergency; Estill county schools have weather alert radios with a local alerting capability for other hazards. Updated school emergency plans were onsite and available for review. Most schools received an alert via their radios and/or AARs except for two. One high school had issues with their radios; three of three AARs and four of four 800 MHz radios were inoperative. While a co-located school notified this school, allowing them to act, the lack of any functioning alert system is of significant concern. The Estill County daycare was done out-of-sequence on September 18 and received the alert via a phone call from the county EOC. Once alerted, all schools implemented their shelter in place plans and were completed within approximately seven minutes of the alert. There were very few major issues to report. A March Finding for one of the schools (MC19.5.1) was cleared during the September exercise.

Reception center evaluation in 2017 and 2018 was limited due to hurricane-related activity. For the 2019 exercise cycle, reception centers and shelters were exercised in out-of-sequence activity on June 19 and September 17 as well in-sequence. Reception centers and shelters were generally effective, with localized concerns in some locations and strengths in others. Additional practice, attention to areas of concern in the improvement plan, and sharing of best practices will continue to improve shelter and reception center effectiveness. Reception centers and shelters made efforts to ensure appropriate accommodations were made for people with limited English proficiency and those with access and functional needs. Some did well and some require refinement, but the overall effort to meet these needs is laudable and should continue.

Many jurisdictions used social media effectively to disseminate information. In addition to consistently posting information, they monitored discussion and responded quickly and appropriately to public and media inquiries. Monitoring and prompt responses show the value of

using the social media space as an effective two-way communication method for emergency public information. Madison County used an exercise Twitter account effectively, however, they have not incorporated Twitter into their regular public information capabilities.

Three off-post findings were noted in the exercise report. As noted previously, one of these findings was noted during a school evaluation in March and was closed during the September exercise. Additional details on the exercise response are provided in the exercise report.

September 19, 2018 Full Scale Exercise Summary

Participation: The Blue Grass Army Depot (BGAD), BGCA, Commonwealth of Kentucky, Madison, Clark, Estill, Garrard, Jackson, Jessamine, Powell, Rockcastle and Laurel counties and the Lexington-Fayette Urban County Government participated in the Blue Grass CSEPP Ex 18. In addition to first responders and EOCs, many schools and hospitals in the CSEPP footprint participated as well.

Response to the real-world needs generated by Hurricane Florence reduced both the available evaluator and player pools. As a result, the following changes were made to planned exercise play and evaluation. Planned shelter and reception center operations were cancelled in Clark, Garrard, Jackson, and Laurel counties. Field decontamination was cancelled in Jackson County.

Initiating Event: On September 19, 2018, the scheduled operation for one chemical crew was to ship two pallets of GB-filled, 115 millimeters (M55) rockets from inside a storage igloo to the demilitarization pilot plant. At 0850 a forklift malfunctioned and struck the top row of rockets in a 15-rocket pallet, resulting in the explosion of two rockets. Other rockets from the pallet were scattered with agent leaking from 5 rockets. One crew member was injured, two crew members were exposed to agent vapor. All were appropriately assisted and treated.

On-Post Activity: The EOC received a report of an accident involving an explosion of GB filled M55 Rockets at 0850. Hazard analysts (HAs) assessed the hazard, identified on-post and off-post populations at risk and declared a *community emergency*. At 0854, off-post 24-hour warning points were notified of protective action recommendations (PARs) to shelter zones 1B, 1C, 2B, and 2C in Madison County, and zones E1 and E2 in Estill County. The initial on-post protective action decision (PAD) was to avoid appropriate on-post zones, and for personnel in the restricted area to go to their designated rally point.

The WebPuff model continued to be revised based on updated information. A slight wind shift affected zone 3B, which was given a shelter PAR via the BGANS at 0927. Subsequent PARs were made to exit shelter the seven affected zones. All PARs, including exit shelter times, were appropriate and timely given the information about the accident site and current meteorology.

A Hotline was quickly established just inside the Chemical Limited Area (CLA) fence line. Plastic sheets were placed over the pallet, the leaking rounds, and the puddles, limiting the existing vapor hazard.

Other Army EOCs interacting with BGAD during the exercise included the Chemical Materials Agency (CMA).

One on-post finding was noted in the exercise report. Additional details on the exercise response are provided in the exercise report.

Off-Post Activity: As noted previously, the need to respond to a real-world hurricane incident required last minute adjustments to exercise play that involved reception and shelter activities.

The BGANS call initiated activity in the off-post communities. Emergency Managers notified staff and activated their EOCs. Staff were called in as deemed necessary to respond to the accident. EOCs were operational in a timely manner. Tracking of significant events throughout the region was managed with use of status boards that all jurisdictions involved could access and update allowing for exceptional situational awareness. Agencies maintained communications using several systems including, phone, WebEOC[®], fax, email, WebPuff, and volunteer radio.

Declarations of emergency were created, signed, and issued by counties, cities, and the state in anticipation of impacts and response needs.

Four counties operated or simulated shelter and reception center operations. There were drastic improvements in one county that included creating MOUs with new partners and establishing written procedures for operating a shelter/reception center which allowed them to improve their capabilities. Overall, the sheltering capability could not be fully exercised because of the lack of personnel and other resources in the state due to the response to Hurricane Florence in the region.

Many jurisdictions used social media effectively to disseminate information. In addition to consistently posting information, they monitored discussion and responded quickly and appropriately to public and media inquiries. Monitoring and prompt responses show the value of using the social media space as an effective two-way communication method for emergency public information.

Several jurisdictions used the exercise as an opportunity to practice upgraded social media capabilities. Visual information was posted, including maps of the affected areas. A video message from an emergency management director was emailed to a media distribution list. Spanish translations were provided for key social media posts. Some maps needed further annotation to explain their significance, and a video would be better distributed through a posting on Facebook or a website, with a link sent to interested parties. However, the participating jurisdictions showed a spirit of innovation in expanding their use of social media as an emergency information communication channel.

One off-post finding was noted in the exercise report. Additional details on the exercise response are provided in the exercise report.

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ANNEX 3. LIMITED ENGLISH PROFICIENCY ASSESSMENT

Assessment of Emergency Information Communication for People with Limited English Proficiency

Blue Grass 2020 Exercise LEP Assessment

Area: Providing emergency information to people with limited English (LEP) proficiency

Discussion: With a population composed of many different native languages, it is vital that Chemical Stockpile Emergency Preparedness Program (CSEPP) jurisdictions maintain the ability to provide emergency information to all members of the public in the event of a chemical weapons stockpile accident. During the 2020 CSEPP Blue Grass Exercise, bilingual Spanish- and Arabic-speaking role players called the Estill, Fayette, Garrard, Jackson, Laurel, Powell, and Rockcastle Counties' Emergency Operation Centers (EOCs) with requests for information to assess their response. The messages and information requests were very basic:

“I heard on the radio there’s been some kind of accident ...with chemicals. I don’t understand what I’m supposed to do. I need help.”

And for Estill county, “I’m at a gas station, I hear loud sirens, I don’t understand.”

The expected outcomes were for the EOC call takers to attempt to identify what language is spoken and to convey the requested information/guidance to the caller in their native language.

After StartEx, the Spanish language calls began at 0950 with Estill County and concluded at 1129 with Laurel County. Arabic language calls began at 1200. Only Estill and Fayette Counties were completed before the exercise ended.

Overall assessment: The counties continue to improve their ability to provide information to people with LEP. Most of the counties used interpreter services, either through the Kentucky State Police or through a third-party commercial service. Jackson County used a “voice-to-text” language interpretation application for Spanish with limited success, but ultimately conveyed essential information. Powell County did not have interpretation services but through limited/broken English and Spanish was able to advise the caller appropriately. Arabic proved to be more challenging. Fayette County successfully connected the caller with an interpreter to pass information between the individual and the EOC. Estill County was the only other jurisdiction to receive a test exercise call in Arabic before EndEx was announced. Estill County’s policy for handling a call in a foreign language is to transfer the call to the KSP. This was done. These contrasting examples serve to underscore the criticality of creating and training processes and procedures for interpretation services before the emergency occurs.

Observations/Recommendations for CSEPP to Consider:

1. Jurisdictional Language Assessment: Conduct an accurate language assessment for each county to determine the types of languages spoken in the jurisdiction, and the location and numbers (or percentages) of people who speak those languages. Once these language demographics are known, develop phonetically written, pre-scripted messages for the top five to ten local languages to serve

as general guidance in that county. For example, have the ability to let them know they will be put on hold while an interpreter is connected; and depending on the protective action decision, immediate response zone counties should develop both evacuation and shelter-in-place (SIP) messages depending on the caller's location and protective action zone counties / host counties should develop SIP or no action required messages depending on the caller location. Short phrases can help call takers who, in a real incident, might be reluctant to wait for a translator if they have a lot of calls overall and are, or feel, under pressure to move on quickly. Examples of phrases that might be helpful:

- Please wait while we connect to an interpreter.
- An interpreter is not available right now, but I will try to share some basic information with you.
- What is your name and current location/what is your address/where are you now
- Please stay inside a building with all doors and windows closed and listen to the radio for further instructions.
- Please evacuate to (location/address) and listen to the radio for further instructions.
- Are you hurt/injured? Or... If you are hurt/injured, please go to the nearest hospital/clinic/etc.
- There is no hazard/risk/danger in your area. Please listen to the radio for further information.
- For more information in (language), please (tune to this station, call xxxx, look at xxx website, etc.) [assuming there is some local resource available – a church/mosque, a business, etc. willing to take info put out by the locality in English and translate/publish it/make it available in another language]

Jurisdictions may consider training EOC/Dispatch staff to audibly identify the major non-English languages in their area. While it may be difficult to train non-speakers to identify specific similar languages, such as Asian, Middle Eastern, or Eastern European languages, they may be able to identify the language family to reduce the time to identify the specific language.

2. Customer Service: Providing requested support or information should be at the core of each interaction. Most non-English speakers can understand some English. It is important to at least attempt to communicate emergency public information and protective actions using clear, simple language. This one caller will probably relay information to friends, family and neighbors immediately after the call concludes. For example,

- Empathy for the caller and genuine effort to communicate and connect with the caller should be inherent in any response. EOCs/Dispatch office should ensure that they are disconnected from the caller before they start commenting or laughing.
- Use inclusive language and refrain from calling callers “foreigner” but rather “non-English” or “non-native” speakers.
- Initially, using English, attempt to identify the caller's native language. Many non-native speakers will understand “What do you speak?” and will be able to answer in English their native language. This will expedite connecting to the right interpreter.
- Before transferring a caller – let them know you are putting them on hold. Having some sort of “hold music”, whether actual music or county-relevant announcements, helps reassure callers they have not been disconnected.

- If not placed on hold, the caller can hear what is happening in the background. All conversations that the caller could hear should be professional and respectful.

3. Use of Interpreter Services:

The use of interpreters were the most efficient and effective means of communicating with non-English speakers. There were three main interpretation services used: Kentucky State Police interpretation service, private interpretation service, or technological application (voice-to-text translation/interpretation). By far, the most effective communication tool was the use of private contracted qualified interpretation services. In the instances where these were used, they were very effective (in both languages) to allow the call taker to understand the information request and to provide accurate guidance to the caller. As in previous exercises, the Kentucky State Police interpreter service was not successful due to poor connection with the EOC and caller. It should be considered as a back-up means of interpretation service until consistency can be assured. The use of technology applications was successful. However, it was very limited in the amount of information that was provided and lacked the ability for dialogue to understand the need or to provide for specific instructions between the caller and the call taker.

Reference:

Executive Order 13166 requires federal entities to take reasonable steps to provide meaningful access to its programs and activities for persons with LEP and – as also required by Title VI of the Civil Rights Act of 1964 – to ensure that the recipients of federal financial assistance do the same.

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ANNEX 4. PRE-EXERCISE CREDIT



BG20 Objectives as relates to COVID-19 Response

Gray aligns with BG20 Objectives

Yellow is additional relative documentation

Madison County EOC, Bluegrass JIC and Madison County Schools:

Preparedness:

Task C.1.1.E: Maintain Coordinated Emergency Plans and Procedures (ERO)2

COVID 19 – Emergency plans related to the possibility of CAI are current, coordinated and available where needed. During the COVID 19 Pandemic, plans were constantly being updated which included meeting the surge of personal protective equipment (PPE).

Emergency Assessment:

Task C.2.1.E Receive CENL and PAR from installation EOC: Emergency Assessment ERO2: Emergency Response Outcome (ERO)2

COVID-19 – Everyday Madison County EM received situation reports from Governor Beshear’s office as well as KYEM State EOC. We tracked these reports. We received updates in a timely manner from the Madison County health Department.

Emergency Management:

Task: C.3.1.E: Alert and Activate EOC staff: Emergency Management ERO3: Emergency Response Outcome (ERO)3

COVID 19 - The Madison County Emergency Operations Center (EOC) was activated on March 9, 2020 to a Level 3 activation. The EM Director and all EMA/CSEPP staff have supported EOC operations. EMA/CSEPP staff was divided into two teams on all shifts to ensure operability and coverage 24 hours a day 7 days a week, to include holidays. All staff immediately began social distancing at selected work stations within the EOC.

Task: C.3.4.E: Prepare, Sign and Transmit Emergency Declarations: Emergency Management ERO3: Emergency Response Outcome (ERO)3

COVID-19 The Madison County Emergency Operations Center (EOC) was activated on March 9, 2020 to a Level 3 activation. Declarations were submitted to KYEM on March 2020.

Protection:

Task: C.5.3.E: Activate Off-Post Alert and Notification Systems: Protection ERO5: Emergency Response Outcome (ERO)5

COVID-19 CentrAlert App is a free APP to be utilized to provide pandemic related information to the public. Additionally, the App will allow public agencies to send alerts and any useful information.

Task: C.5.6.F Establish Traffic and Access Points: Protection ERO5: Emergency Response Outcome (ERO)5

COVID-19 - A traffic control point was setup at the ECU Stratton Building in Madison County for the COVID19 drive-thru testing site May 18-21, 2020. Madison County EMA/CSEPP staff and the Madison County Road Department managed the site set up and items needed (tents, tables, chairs, safety cones, designating traffic flow, etc.). The site tested approximately 1200 residents of Madison County.

Task: C.5.8.F Implement a Protective Action for School(s) and/or Day Care Center(s): Protection ERO5: Emergency Response Outcome (ERO)5

COVID-19 Representatives from all school districts are involved in the stakeholder briefing calls. All daycares were closed in response to COVID-19. School representatives followed guidance and made the protective decision to close in person school for the remainder of the school year. The schools also worked to continue meal delivery and supplemental assistance to students in their districts. The schools worked to find alternative ways to continue education which included, zoom classes, Google group meetings, online learning, and paper packets available to parents and students, just to name a few. School representatives are kept informed so they can make decisions for the new school year and continue to participate in the stakeholder calls.

Public Information:

Task: A/C.7.1. E/ J: Disseminate Public Health and Safety Information Directly to the Public: Emergency Public Information ERO7: Emergency Response Outcome (ERO)7

COVID-19 The Bluegrass Joint Information Center facility was utilized for a press conference on March 11, 2020 located at 558 South Keeneland, Richmond. The jurisdictions participating in the news conference were Madison County Judge Executive, Madison County Health Department Director, Madison County Health Department Public Information Officer, Mayor, City of Richmond, Mayor, City of Berea, American Sign Language (ASL) and Spanish interpreters. The JIC facility was opened and phone numbers published to field calls from the public and or media concerning COVID-19. The facility was managed by Madison County EMA/CSEPP and the call takers were provided by the Madison County Health Department. The Madison County PIO has continued to provide information to the public throughout the response.

Task: A/C.7.4. E/J: Disseminate Public Health and Safety Information Directly to the Public: Emergency Public Information ERO7: Emergency Response Outcome (ERO)7

COVID-19 Madison County EMA/CSEPP Public Information Officer produced approximately six news releases and utilized Madison County Live, Facebook, Instagram, Hoot Suite, Twitter, and the County website (www.madisoncountky.us) with information regarding the Pandemic. Also, interviews were conducted with the EM Director from WBON (local station), The Coyote (local radio) and the Richmond Register (local newspaper). Press releases were also posted in WEBEOC.

Task: A/C.7.3. E/J: Disseminate Public Health and Safety Information to the Media: Emergency Public Information ERO7: Emergency Response Outcome (ERO)7

COVID 19 – The Bluegrass Joint Information Center facility was utilized for a press conference on March 11, 2020 located at 558 South Keeneland, Richmond. Madison County EMA/CSEPP PIO posted to Facebook, Twitter, articles written and published in the Richmond Register and the Berea Citizen, announcements with local radio spots, and one news release. The EM Director has participated in multiple radio interviews to share information with the public. Madison County held a press conference at the Joint Information Center located at 558 South Keeneland Drive in Richmond. This press conference included elected officials and key stake holders. This press conference also included Spanish and ASL interpreters.

A/C.7.2.J – Activate and Operate a Joint Information Center – Emergency Response Outcome (ERO)7

COVID 19 – The JIC facility was opened and phone numbers published to field calls from the public and or media concerning COVID-19. The facility was managed by Madison County EMA/CSEPP and the call takers were provided by the Madison County Health Department. The JIC facility was also utilized for a press conference. The Madison County PIO has continued to provide information to the public throughout the response.

Survivor and Patient Care:

C.6.2.F – Communication – Medical Staff Communication occurs throughout the continuum of care all the way through the emergency structure.

COVID 19 – Communication occurs throughout the continuum of care all the way through the emergency structure. Briefing calls with the Madison County Health Department informs the elected officials and key stakeholders with the number of new cases, people who were hospitalized, those fully recovered, and those recovering at home. Madison County EMA/CSEPP also provides updates on PPE, logistics, non-congregate shelters, and guidance received concerning COVID-19 response.

Task: C.6.5.F Decontamination and Post Decontamination Triage: Patient/Patient Care ERO6: Emergency Response Outcome (ERO)6

COVID-19 Zumro tents were put into place at different sites throughout the county to accommodate testing by medical personnel. The county Fire Department and county Road Department assisted with setting up the tents, to include sand bags and cones.

Task: C.6.5.F Decontamination and Post Decontamination Triage: Patient/Patient Care ERO6: Emergency Response Outcome (ERO)6

COVID-19 Madison County EMA/CSEPP played a huge role with the setup of COVID-19 testing site on Eastern Kentucky University campus. The testing site was located at the Stratton building May 19-21, 2020. EMA/CSEPP provided PPE, Zumro tents, tables, chairs, provided refrigerator units, cones, generators, and fuel.

Madison County:

Date(s), location, type of event- March 9, 2020 to 6/19/2020, Madison County EM/CSEPP, COVID-19 Response

Purpose of Request: Madison County EM/CSEPP feels we have demonstrated through the COVID-19 response many CSEPP core capabilities outlined in our Extent of Play (XPA) submitted for BG20.

CSEPP Capabilities utilized during event: Objectives referenced from XPA

Was any CSEPP assets or FTE's used in the response? If so, How?

Maintained an open line of communication with daily conference calls, zoom calls, and emails.

Filled PPE requests as needed for jurisdictions in the county.

Researched refrigerator truck availability related to Mortality Plan for Baptist Health Richmond.

Deployed CSEPP Decon Tent and portable generator for COVID 19 testing tent on EKU campus May 19-21 and other tents throughout Madison County for medical facility testing.

Strategic National Stockpile – request, coordination, and receipt of PPE.

Daily conversations validating continued ability to support CSEPP Program despite COVID 19.

Researched refrigerator truck availability related to Mortality Plan for Baptist Health Richmond

WebEOC entries and monitoring.

How did the response benefit your CSEP Program?

The COVID-19 response has helped to "improve emergency *response* readiness" and to *help* test our preparedness in the event a (disaster) *were* to occur. The response to COVID-19 proved yet again how community partners are willing and capable to respond for the good of the community and state.

What were your lessons learned from the response?

- Communication was a challenge (social distancing, zoom calls, teleworking)

- The strong relationships with our community partners (Elected Officials, EMS, Police, Fire, Law Enforcement, MCHD, KDPH, ECU, BGAD, etc.) proved invaluable.
- The importance of having MOU's in place for resources.
- The importance of utilizing technology to its capacity.
- No matter how much you prepare, things will not go as you thought, and you will have to adjust accordingly.
- The importance of keeping track of actions during an event/disaster for reimbursement and for the after-action report so that we would be able to identify our strengths and our opportunities for improvement.

Eastern Kentucky University

Task: C.3.1.E: Alert and Activate EOC staff: Emergency Management ERO3: Emergency Response Outcome (ERO)3

In response to a community wide, chemical release, at the Blue Grass Chemical Activity, Eastern Kentucky University will dispatch within one (1) hour an ECU Education liaison to the Emergency Operations Center (EOC) and respond to the situation provided for the duration of the exercise.

COVID-19 - Date(s), location, type of event:

This is an ongoing situation where we meet, virtually, via Zoom, an average of twice per week, with the Madison County COVID-19 Task Force.

Purpose of request (exemption of certain activities, focus on other areas, partial credit, etc):
Exemption from exercise participation and credit for exercise activities.

CSEPP capabilities utilized during the event (How, When, Where, Why, by Who):

Using current technology, we have been "meeting", briefing, discussing, and decision making, on Mondays and Fridays, at 3PM, for 30 to 60 minutes, with County agency and entity leaders. ECU liaisons are Gary Folckemer, Brian Mullins (ECU Police Chief), Bryan Makinen (ECU Executive Director of Public Safety & Risk Management), and sometimes David McFaddin (ECU Interim President).

Were any CSEPP assets or FTEs used in the response? If so, How?

No. We use University personnel working as part of our normal mission.

How did the response benefit your CSEPP Program? This response demonstrates the ongoing collaborative "all of community" leadership that we have grown accustomed to as part of the CSEPP Program.

What were your lessons learned from the response?

Virtual presence is a reasonable alternative to face to face meetings so long as the technology works as expected. Alternatively, we could make telephone calls, or we could meet in person, utilizing social distance and face coverings.

(Provide no less than one sustainment and one improvement item for each area)

We will continue to use current Zoom technology, or explore newer/alternate technology, as appropriate. In future we could plan to meet occasionally, in person, with protections in place, if that seems more appropriate. We might in fact need to do this, as we approach a weekend where civil unrest is expected in Richmond and Berea due to the social injustice issues the Nation is experiencing presently (i.e. George Floyd).

Task: C.3.2.E: Operate the EOC: Emergency Management ERO3: Emergency Response Outcome (ERO)3

In response to a community wide, chemical release, at the Blue Grass Chemical Activity, Eastern Kentucky University will activate an Incident Command Center with members of the Crisis Management Team for decision making and facilitation activities within one (1) hour of notification and operate for the duration of the exercise.

COVID-19- Date(s), location, type of event:

This is an ongoing situation where our President's Council meets once a week, virtually, via Zoom, regarding COVID-19. Bryan Makinen represents Public Safety and is the designated Healthy at Work Officer. Additionally, the EKU COVID-19 Working Group meets twice per week.

Purpose of request (exemption of certain activities, focus on other areas, partial credit, etc):
Exemption from exercise participation and credit for exercise activities.

CSEPP capabilities utilized during the event (How, When, Where, Why, by Who):

Using current technology, we have been "meeting", briefing, discussing, and decision making, on Tuesdays, at 9AM, for 60 to 120 minutes, with the President's Council. EKU decision makers are Interim President David McFaddin, his Cabinet, Bryan Makinen, and other subject matter experts as needed. The EKU COVID-19 Working Group meets on Tuesdays and Thursdays, at 1PM, for 30 to 60 minutes. This working group is made up of various unit leaders such as Bryan Makinen, Joanne McGlown, Mark Howard, Jason Marion, John Dixon, Fontaine Sands, Phyllis Bryden, Jill Price, Jennifer White, Alexander Dougherty, Wenceslaus Poryem, Kristi Middleton, Mark Maier, Brooke Bentley, John Cook, Ryan Baggett, Gary Folckemer, Travis Altheide, Marcia Pierce, Jeff Whitaker, David Fifer, John Williamson, Dekia Gaither, Jesse Hood, Doug Cornett, Brenda Caudill, Jeffrey Carrico, Brian Wilcox, Elizabeth Ballou, Billy Martin, Melissa Bartsch, Reid Connelly, and Timothy Forde.

Were any CSEPP assets or FTEs used in the response? If so, How?

No. We use University personnel working as part of our normal mission.

How did the response benefit your CSEPP Program?

This response demonstrates ongoing, collaborative, institutional, decision making, to bring an “all of community” approach to our operations, and the resources we can muster, as a part of our larger community.

What were your lessons learned from the response?

Virtual presence is a reasonable alternative to face to face meetings so long as the technology works as expected. Alternatively, we could make telephone calls, or we could meet in person, utilizing social distance and face coverings.

(Provide no less than one sustainment and one improvement item for each area)

We will continue to use current Zoom technology, or explore newer/alternate technology, as appropriate. In future we could plan to meet occasionally, in person, with protections in place, if that seems more appropriate. As Healthy at Work restrictions are eased, and things get back to normal we will meet in person when needed.

Task C.5.8.F: Implement Protective Actions for School(s) and/or Daycare Center(s): Protection ERO5: Emergency Response Outcome (ERO)5

In response to a chemical event at the Blue Grass Chemical Activity, Eastern Kentucky University will activate and utilize the ECU Alerts (Rave) Emergency Notifications System by sending one test alert, as a means of providing public information and warning within 20 minutes of notification of an event.

Date(s), location, type of event:

This is an ongoing situation where we send periodic messages to our community via mass email and sometimes using Rave to point people to the mass emails. Examples will be included in this submission.

Purpose of request (exemption of certain activities, focus on other areas, partial credit, etc):

Exemption from exercise participation and credit for exercise activities.

CSEPP capabilities utilized during the event (How, When, Where, Why, by Who):

Using current technology, we have successfully sent mass messages through ECU email and Rave Mobile Safety. These are both long established communication methods to provide public information and warning. Messages have typically come from President David McFaddin, with the assistance of Kristi Middleton and Bryan Makinen.

Were any CSEPP assets or FTEs used in the response? If so, How?

No. We use University personnel working as part of our normal mission.

How did the response benefit your CSEPP Program?

This response demonstrates our ongoing mass communication capability to provide information and instructions. These are the same capabilities we use related to the CSEPP Program.

What were your lessons learned from the response?

Emails, Rave messages, and creation and updating of an informational website are critical to keeping the community informed.

(Provide no less than one sustainment and one improvement item for each area)

We will continue to use our current systems and methods, or explore newer/alternate technology, as appropriate. Regarding this capability to prompt Model and Burrier to perform their Shelter-In-Place (congregate sheltering), both Model and Burrier have consistently demonstrated their ability to successfully seek safe shelter in our designated Enhanced Shelter In Place facilities. At present, we do not anticipate being allowed to conduct congregate sheltering of close to 1000 individuals in a given shelter location. However, we will plan to review the procedures for sheltering during annual training sessions, though we do not yet know how those will be delivered. We believe we can successfully provide training on ESIP procedures and the CSEPP Program using Zoom and/or our existing training material adapted to distance learning (i.e. showing the relevant portions of our Emergency Action Plan Training Video augmented with Zoom discussion and screen sharing).

Baptist Health Richmond

Task: C.6.5.F Decontamination and Post Decontamination Triage: Patient/Patient Care ERO6: Emergency Response Outcome (ERO)6

In response to a chemical event at the Blue Grass Chemical Activity, Baptist Health Richmond Hospital will establish and make fully operational a decon site within two (2) hours for the decon and treatment of patients exposed to an agent for the duration of the event.

COVID-19 In response to COVID 19 BHR employees have completed education on: COVID signs and symptoms, Personal Protective Equipment PPE, Proper Mask Utilization, Hand Washing, Visitor Restrictions, Surge Planning, COVID cleaning procedures, COVID testing, Travel Restrictions, Social Distancing, Mental Health and Wellness during COVID 19, CAPR training (frontline personnel), Self-Monitoring, etc.

BHR completed hazard mitigation during COVID 19 by restricting visitation, closing all but 2 entrances into the hospital South Entrance and the ED, COVID screening patients/visitors and masking them upon entry, cancelling in person meetings and transitioning to video meetings, asking staff to work at home as appropriate, rearranging areas to promote social distancing, requiring employees to mask and self-monitor and quarantine as appropriate, and furloughing staff when volume decreased. All these measures helped to mitigate the spread of COVID 19 in our community, reduce exposure, and control cost associated with COVID.

BHR had to do multiple Emergency Assessments as we found out more about COVID. We pulled our PPE inventory, identified what we would need to order, and created reports that showed quantity, daily utilization, and days on hand. We looked at our surge plan and determined that we would need a more specific robust plan for COVID so we went back to the drawing board to create a Bed Plan and Staffing Plan that would work to support creating COVID treatment areas on Med/Surg and ICU and further expanding plan to utilize OR/SDS once elective surgeries were cancelled.

Task: C.6.7.F Treat Patients at a Medical Treatment Facility: Patient/Patient Care ERO6: Emergency Response Outcome (ERO)6

In response to a chemical event at the Blue Grass Chemical Activity, Baptist Health Richmond Hospital personnel will triage a patient post-decon and distribute to the appropriate level of care for continued treatment.

COVID-19 BHR's 2019 CSEPP drill consisted of: Incident Command activation and response, symptom identification and management, pt. transfer to the appropriate level of care, patient flow throughout the hospital, and treatment of patients with chemical agent exposure in OR, Women's Care, Med-Surg, ICU and the ED.

This first of a kind CSEPP drill helped us in preparation for what we have experienced with COVID 19 as we did not have to decon COVID 19 patients, but we had to do everything that we had practiced above in our 2019 CSEPP drill instead the focus was on COVID 19 not chemical agent exposure. It was also different in that we only participated in the drill for 4 hours and we have been responding to COVID 19 since March 2020 and our Hospital Incident Command is still activated and we are continuing to respond and prepare for another potential surge of COVID 19 in the fall.

BHR has maintained daily communication with the EMA throughout our COVID response and have validated that we could continue to support the CSEPP program and if a disaster/event occurred at BGAD we would be able to triage, DECON, and treat patients exposed to nerve agent despite our involvement in COVID response.

Task: C.6.7.F Treat Patients at a Medical Treatment Facility: Patient/Patient Care ERO6: Emergency Response Outcome (ERO)6

In response to a chemical event at the Blue Grass Chemical Activity, Baptist Health Richmond Hospital personnel will utilize Continuity of Operations procedures and actions for treatment of a patient.

COVID-19 This first of a kind CSEPP drill (2019 CSEPP drill) helped us in preparation for what we have experienced with COVID 19 as we did not have to decon COVID 19 patients, but we had to do everything that we had practiced above in our 2019 CSEPP drill instead the focus was on COVID 19 not chemical agent exposure. It was also different in that we only participated in the drill for 4 hours and we have been responding to COVID 19 since March 2020 and our Hospital Incident Command is still activated and we are continuing to respond and prepare for another potential surge of COVID 19 in the fall.

Was any CSEPP assets or FTE's used in the response? If so, How?

CSEPP Assets used in the response:

Madison Co. Emergency Management Agency Chemical Stockpile Emergency Preparedness Program (CSEPP) Director/CSEPP Medical Officer –

- Maintained an open line of communication
- Requested resources as needed
 - Researched refrigerator truck availability related to Mortality Plan
 - Deployed CSEPP Decon Tent and portable generator for COVID 19 testing tent
 - Strategic National Stockpile – request, coordination, and receipt of PPE

- General PPE requests
- Daily conversations validating continued ability for BHR to support CSEPP Program despite COVID 19

Baptist Health Richmond (BHR) Director of Emergency Management (EM) –

- BHR Implemented Incident Command March 16, 2019 to present
- BHR Director of EM completed HICS Incident Action Plans (IAP's) for every Incident Command EM Meeting
- BHR participated in community emergency management calls, Kentucky Department for Public Health calls, and Hospital Preparedness Program calls for planning.

○

What were your lessons learned from the response?

- Identified both challenges and advantages of being part of a 9-hospital system throughout Kentucky and Southern Indiana.
- Communication was the biggest challenge for BHR Incident Command due to ever changing recommendations and numerous changes in operations.
- The value of having a strong emergency preparedness program and strong relationships with our community partners (EMA, EMS, Police, MCHD, KDPH, HPP, ECU, BGAD, etc.)
- The value of having CSEPP drills to practice implementing Incident Command, emergency response and treatment, and to test emergency policies and procedures many of which we utilized during COVID 19.
- No matter how much you prepare once you must put your plans in action things will not go as imagined and you will have to make adjustments.
- The importance of having MOU's as BHR executed some MOU's during the pandemic for child care, obtaining PPE, fuel for generator utilized for testing tent, and setting up a shelter at ECU for BHR employees.
- The importance of utilizing technology to our highest capacity to provide Telehealth and Telemedicine Services and as a communication tool for patients/families.
- The importance of keeping track of actions during an event/disaster for reimbursement and for the after-action report so that we would be able to identify our strengths and our opportunities for improvement.

Saint Joseph Berea

**Task: C.6.5.F Decontamination and Post Decontamination Triage: Patient/Patient Care
ERO6: Emergency Response Outcome (ERO)6**

In response to a chemical event at the Blue Grass Chemical Activity, Saint Joseph Berea Hospital will establish and make fully operational a decon site within two (2) hours for the decon and treatment of patients exposed to an agent for the duration of the event.

COVID-19 - Activation of Hospital Incident Command- Activated on March 13 at 0600 by leadership at SJB, is continually staffed and functional for 24/7 needs with leaders rotating shifts to staff this during off hour, continues to be operation as of this date.

Coordination of community response- Leadership has collaborated with Madison County EMA, ESF#8 Region 5, through participation in tri-weekly calls with stakeholders across healthcare and businesses in our community and the surrounding communities. Working together to facilitate resource allocation and provide a consistent message among healthcare facilities in our region, for patients and visitors to ensure improved compliance with policies and restrictions related to patient care and hospital functions.

Coordination of personnel pool to facilitate new and expanding needs related to staff and patient screening needs and increased environmental service needs.

Implementing a facility lock-down, where all staff and patients are redirected to designated entrances for screening/triaging.

Education of staff serving as door screeners to rapidly identify and redirect potentially infectious “contaminated” patients to alternate location for further screening treatment to prevent exposure to other staff and patients.

Implementation of processes to prevent symptomatic patients with potential Covid-19 from entering the building without proper masking, through call-ahead notification, no contact registration and specimen collection through a drive-through process when needed.

Utilization of Personal Protective Equipment to prevent contracting Covid-19. Policies revised for universal masking of all employees and patients.

Staff trained on proper use and re-use of PPE, to include donning and doffing to prevent exposure and contamination of staff. The facility has had multiple PUI patients throughout this time period with numerous donning and doffing of PPE throughout their shifts and no staff to this date have contracted Covid19 from a work related patient exposure.

Utilization of CSEPP, Dover PAPR’s for additional PPE options converted with N95 filtration for staff that could not use traditional N95’s or in the event of shortages of PPE.

Acquisition of additional ventilators through Madison County emergency management and facilitated training staff on the use of them.

Implemented a surge plan to allocate additional space for surge of patients presenting to be seen in the emergency department. This was conducted in the request and setup of a portable zumro tent allocated through Madison County EMA outside the ED. Secondary treatment

area(Pinnacle Room) was converted to a full negative pressure location to be used for persons under investigation (PUI) for Covid19.

Implemented increased capacity for Covid PUI for admitted patients, converting 2 ICU rooms and 4 med/surg rooms for Negative Pressure. Developed plan for additional patient bedding in OR and on 4th floor, through retrofitting and applying Hepa filtration units by facilities leadership.

Facilities reviewed all air handler locations and room exchange rates to develop plan for patient surge and determine which areas could be utilized based on that information, developing the plan as noted above.

Developed contact tracing processes and tools to use for PUI.

SJHS contracted with outside resources to assist with child care for staff affected by school closures

SJHS implemented a system staffing pool to allocate staff to areas of need throughout the system if needed.

Implementation of a staff pantry to prevent staff from having to go to the store for essentials

Supply Chain management coordinated the daily PPE tracking to determine usage and needs, and worked within systems to move PPE when shortages occurred to the area of need, they also worked with local and state EM to appropriate additional PPE from the stockpile.

Purpose for the request

Due to the extent of the on-going current pandemic, implementation of incident command center, utilization and allocation of resources, daily use of protective measures for the staff, facility and patients, and coordinated efforts with outside community members SJH would like to request an exemption from participation in the full-scale community CSEPP event in September 2020 and allow the facilities Covid-19 pandemic response to serve as credit for this years event.

Was any CSEPP assets or FTE's used in the response? If so, How?

CSEPP Assets used in the response:

Utilization of CSEPP radios to communicate throughout the facility and with ED charge nurses of potentially infectious patients for placement

Utilization of CSEPP, Dover PAPR's for additional PPE options converted with N95 filtration for staff that could not use traditional N95's or in the event of shortages of PPE.

Implemented a surge plan to allocate additional space for surge of patients presenting to be seen in the emergency department. This was conducted in the request and setup of a portable zumro tent allocated through Madison County EMA outside the ED. Secondary treatment

area(Pinnacle Room) was converted to a full negative pressure location to be used for persons under investigation (PUI) for Covid19.

Used chairs, tables and garbage cans to help with setting up the alternate care areas.

Used the emergency stockpile of hand sanitizer, alcohol wipes, gloves to facilitate in the care and screening of patients and staff.

We have the advantage of working well within our community due to the CSEPP program and that commitment has shown its value during the Covid19 pandemic. This pandemic and our facilities response has and will continue to benefit our CSEPP program in several ways.

Coordination of multiple local, regional and state agencies, facilitated improved communication and response to needs. Identified proper channels for appropriation of supplies and movement of patients if needed.

A much stronger commitment to identify and screen patients to ensure facilities and staff are not affected by contamination, either biological or chemical. Implementation of designated entrances and flow of patients and staff to single locations facilitated the knowledge of staff in containment of potentially hazardous situations that can affect the entire facility.

Months of PPE usage, with repetitive donning and doffing in response to an unseen potentially deadly pathogen has made staff much more familiar with the process and the importance of preventing potential cross contamination or exposure to themselves.

Utilization of the ICC facilitated care across the hospital. The employee pool allowed for staff to be placed in needed positions. No one refused a job and everyone has a new appreciation for jobs that others do. Staff were trained to do alternate jobs such as screeners, environmental services and when issues/needs would arise staff understood the IC structure and allowed rapid identification and adjustments as needed. Requests were handled timely and efficiently and daily briefings kept staff informed of the situation and changes that were rapidly occurring.

Reviewing building plans and ventilation systems and having the knowledge and ability to convert areas to negative pressure would be a great value in the event of a shelter in place scenario.

Saint Joseph Berea (SJB) Director of Emergency Management (EM) –

In January of 2020, CHI, Saint Joseph Berea(SJB), began preparations to respond to a possible pandemic that was already occurring in Wuhan China. On March 12th leadership at SJB determined that the Hospital Incident Command Center(ICC) would be activated to serve as a centralized location for information and resources for our facility and developed a 24/7 ICC staffing rotation that would be active beginning on March 13 at 0600. The ICC activation information was shared with Madison County EMA and Emergency Support Function #8(ESF8) Region 5 through activation in the Web EOC portal. Continued escalation of the pandemic led to coordinated efforts and communication, with local, regional and state stakeholders.

Due to the extent of the on-going current pandemic, implementation of incident command center, utilization and allocation of resources, daily use of protective measures for the staff, facility and patients, and coordinated efforts with outside community members SJB would like to request an exemption from participation in the full-scale community CSEPP event in September 2020 and allow the facilities Covid-19 pandemic response to serve as credit for this years event.

What were your lessons learned from the response?

Communication is extremely important. There were/are a lot of unknowns with Covid19 and the information was rapidly changing. Staff were stressed and scared and wanted clear, concise information on processes. Developing a location for staff to go for the latest information and having multiple daily briefings improved staff response and helped alleviate fears.

Awareness is key, we began planning when the first community transmission was noted in the US. This planning allowed us to have time to see where the needs would be, how to adjust/move patients to alternate locations as needed, prepare surge plans, set up negative pressure locations, refresh staff on PPE usage, and many other things.

Plans will need to be changed and revised as information becomes available.

Working with community partners is instrumental, no one would have imagined that you would not be able to acquire PPE, but working with our EM partners, they were able to assist with PPE and other equipment needs.

When in a situation that PPE is required, you need to have the ability to secure your PPE and ensure that proper PPE usage is in progress as well as the ability to determine burn rate and PPE needs.

Berea Health and Rehabilitation

COVID-19- Berea Health and Rehabilitation (BH&R) utilized their Continuity of Operations Plan throughout the COVID-19 response. PPE usage, with repetitive donning and doffing in response to an unseen potentially deadly pathogen has made staff much more familiar with the process and the importance of preventing potential cross contamination or exposure.

The facility completed hazard mitigation during COVID 19 by restricting visitation, COVID screening patients/visitors and masking them upon entry, cancelling in person meetings and transitioning to video meetings, rearranging areas to promote social distancing, requiring employees to mask and self-monitor and quarantine as appropriate, and furloughing staff when volume decreased. All these measured helped to mitigation the spread of COVID 19 in our community, reduce exposure, and control cost associated with COVID.

Due to the extent of the on-going current pandemic, utilization and allocation of resources, daily use of protective measures for the staff, facility and residents, and coordinated efforts with outside community members Berea Health and Rehabilitation would like to request an exemption from participation in the full-scale community CSEPP event in September 2020 and allow the facilities Covid-19 pandemic response to serve as credit for this years event.

Dustin Heiser
EM Director
Madison County EMA/CSEPP

Date

CSEPP Assets and Cooperative Agreement Exceptions During COVID-19

ERO 1: Preparedness

A/C.1.1.E – Emergency plans related to the possibility of CAI are current, coordinated and available where needed.

COVID 19 – During the COVID 19 plans are constantly being updated which includes meeting the surge of protective personal equipment (PPE).

A/C.1.4.E – Public Outreach and Public Education Programs are in place and materials are distributed to inform the public about CSEPP emergency preparedness.

COVID 19 – Information has been provided on Facebook, Twitter, the County website, and via the Madison County Health Department (MCHD). Situational briefings with elected officials and key stakeholders are held to update key community partners on positive cases, PPE status, secondary health concerns due to COVID-19, closures, and any other pertinent information. The situational briefings started as daily virtual meetings and have been adjusted as the response has continued.

C.3.1.E – The EOC is staffed with personnel to manage the jurisdiction’s response.

COVID 19 –The EOC was activated to Level 3 on March 9, declarations submitted, sitrep prepared, planning, and logistics. The EM Director and all EMA/CSEPP staff have supported EOC operations. EMA/CSEPP staff was divided into two teams on all shifts to ensure operability and coverage 24 hours a day 7 days a week, to include holidays.

ERO 3: Emergency Management

C.3.1.E – Alert and Mobilize EOC Staff – The EOC is staffed with personnel to manage the jurisdiction’s response.

COVID 19 – Madison County EOC is at a Level 3 activation and staffed 24/7 and holidays. Constant rotation of personnel shifts identified with support (when needed).

C.3.2.F – Establish or Join a Unified Command – integration in, or control of, a Unified Command. The Unified Command organization consists of the Incident Commanders from the various jurisdictions or organizations operating together to form a single command structure. Establishment of an inclusive balanced Unified Command that is staffed, functional and effective through expansion of response to demobilization of the event.

COVID 19 – Under command EOC, Communications, PIO, Purchasing, and Logistics.

C.3.2.E – Activate and Operate the EOC – EOC full functional status is quickly achieved and maintained for the duration of the response. A common understanding of the status of current

response operations and future operational plans and needs is developed and maintained for the duration of the response.

COVID 19- Madison County EOC is at a Level 3 activation and staffed 24/7 and holidays. Constant rotation of personnel shifts identified with support (when needed). Daily situation reports emails provided to all staff to ensure that all are up to date with current response and changes.

C3.4.E – Request Supplementary Assistance – Monitor for potential resource shortfalls and local declarations of emergency. Initiate State declaration of emergency, if required.

COVID 19 – The EOC was activated to Level 3 on March 9, which included logistics. Staff monitors burn rates for PPE daily and submits requests as needed. EMA/CSEPP staff has coordinated locating hard to find items, such as thermometers, as needed throughout the response. The EOC has been the storage location for SNS push packages. EMA/CSEPP staff has been responsible for tracking inventory, receiving requests, packaging PPE for delivery/pickup, and the delivery of PPE.

ERO 5: Protection

C.5.1.E – Make Off-Post Protection Action Decisions (PADs) – PADs that are appropriate for the risk are made quickly. Decisions to adjust or cancel PADS are made as conditions warrant. The PADS are made known to appropriate jurisdictions, individuals and agencies

COVID 19 –

C.5.4.F – Conduct Route Alerting – All persons in the predicted hazard area will receive the appropriate protection action instructions.

COVID 19 –

C.5.6.F – Traffic and Access Control Points

COVID-19 - A traffic control point was setup at the ECU Stratton Building in Madison County for the COVID19 drive-thru testing site May 18-21, 2020. Madison County EMA/CSEPP staff and the Madison County Road Department managed the site set up and items needed (tents, tables, chairs, safety cones, designating traffic flow, etc.).

C.5.7.E – Direct and Control Protective Actions for Schools and Day Care Centers – Maintain situational awareness regarding arrangements made for all school and day care students and staff to be sheltered-in-place or promptly and safely.

COVID 19 – Representatives from all school districts are involved in the stakeholder briefing calls. All daycares were closed in response to COVID-19. School representatives followed guidance and made the protective decision to close in person school for the remainder of the

school year. The schools also worked to continue meal delivery and supplemental assistance to students in their districts. The schools worked to find alternative ways to continue education which included, Zoom classes, Google group meetings, online learning, and paper packets available to parents and students, just to name a few. School representatives are kept informed so they can make decisions for the new school year and continue to participate in the stakeholder calls.

C.5.8.F – All school and day care students and personnel are sheltered-in-place.

COVID 19 –

C.5.9.E – Direct and Control Protection of Special Populations – Arrangements are made for special populations to be sheltered-in-place or promptly and safely evacuate to host facilities.

COVID 19 – Non-congregate shelter arrangements are in place for the homeless and transient population as well as for first responders, if needed. EMA/CSEPP staff worked with local hotels to develop agreements for all three governments. This work included agreements with hotels both in Richmond and Berea, it included arranging linens to be provided and cleaned, it included food delivery agreements to ensure food was available, and it also included developing agreements for the cleaning and sanitization of any rooms occupied.

ERO 6: Survivor and Patient Care

C.6.1.F – Establish Incident Command – An Incident Command System that is equal to the complexity and demands of an event, will be established at field locations.

COVID 19 -

C.6.2.F – Communication – Communication occurs throughout the continuum of care all the way through the emergency structure.

COVID 19 – Briefing calls with the Madison County Health Department informs the elected officials and key stakeholders with the number of new cases, people who were hospitalized, those fully recovered, and those recovering at home. Madison County EMA/CSEPP also provides updates on PPE, logistics, non-congregate shelters, and guidance received concerning COVID-19 response.

ERO 7: Public Information

A/C.7.1.E/J – The JIC staff and staffs in each jurisdiction EOC and response facility have the latest pertinent information about the event, the response, the situation status and associated public health and safety information from all other jurisdiction EOCs and response facilities.

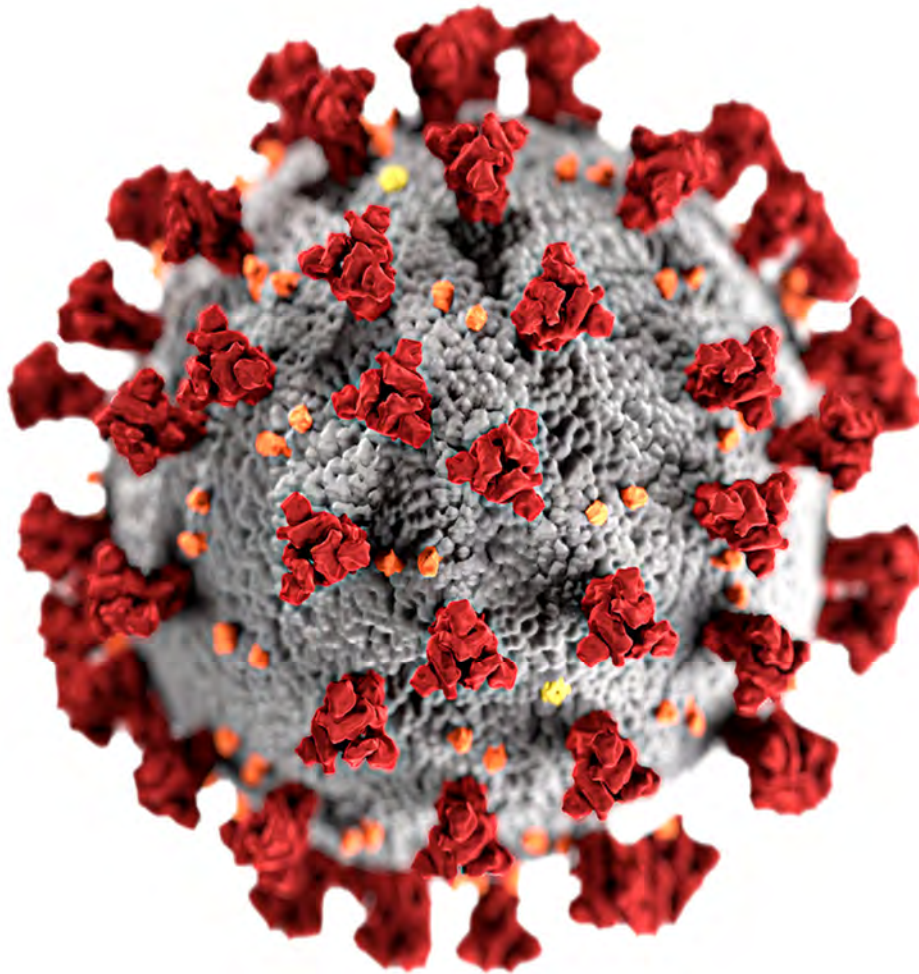
COVID 19 -

C.7.1.E – Disseminate Public Health and Safety Information to the Media – Media outlets are informed about the response to the event as soon as possible and to the full extent that credit information from within the jurisdiction is available.

COVID 19 – Madison County EMA/CSEPP PIO posted to Facebook, Twitter, articles written and published in the Richmond Register and the Berea Citizen, announcements with local radio spots, and one news release. The EM Director has participated in multiple radio interviews to share information with the public. Madison County held a press conference at the Joint Information Center located at 558 South Keeneland Drive in Richmond. This press conference included elected officials and key stake holders. This press conference also included Spanish and ASL interpreters.

A/C.7.2.J – Activate and Operate a Joint Information Center – The JIC is made operational as soon as possible; this facility then operates continuously with sufficient numbers of trained staff, space, equipment and such other capabilities as are needed to fully support the mission of providing the single best source of information about the event, the response by all jurisdictions and associated public health and safety issues.

COVID 19 – The JIC facility was opened and phone numbers published to field calls from the public and or media concerning COVID-19. The facility was managed by Madison County EMA/CSEPP and the call takers were provided by the Madison County Health Department. The JIC facility was also utilized for a press conference. The Madison County PIO has continued to provide information to the public throughout the response.



MADISON COUNTY COVID-19 RESPONSE
BG20 EXERCISE CREDIT DOCUMENTATION
MARCH 09 – JUNE 19,2020

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Background

A pandemic is an outbreak that affects many individuals. A pandemic is a world-wide epidemic. Pandemics can cause acute, short-term shock as well as longer-term damage to economic growth. As an outbreak grows, and along with increasing demand for consumables (medical supplies, personal protective equipment, and drugs) will greatly increase health system expenditures.

During a severe pandemic, all sectors of the economy—agriculture, manufacturing, services—face disruption, potentially leading to shortages, rapid price increases for staple goods, and economic stresses for households, private firms, and governments.

A sustained, severe pandemic on the scale of the 1918 influenza pandemic could cause significant and lasting economic damage and a huge number of lives lost.

Situational awareness is a crucial activity at all stages of a pandemic. It requires the support of health care resources (such as hospitals, doctors, and nurses), diagnostic infrastructure, and communications systems. It also requires the population to have access to and trust in the health care system.

Most recently, the coronavirus disease (COVID-19) outbreak. This is a respiratory disease caused by a novel (new) coronavirus that was first detected in China and which is now in 188 countries, including the United States. As of June 19, 2020, the United States has 8,514,522 confirmed cases with 454,522 deaths (JHU Covid-19 Dashboard) The Commonwealth of Kentucky has 13,197 confirmed cases with 520 deaths. Madison County, Kentucky has 95 confirmed cases with 1 death (KDPH Covid-19 Dashboard).

The outbreak and spread of coronavirus disease (COVID-19) is a rapidly evolving situation. The World Health Organization (WHO) and Centers for Disease Control and Prevention (CDC) are providing updated information as it becomes available. Johns Hopkins University (JHU) COVID-19 dashboard is updated multiple times during the day.

Madison County Emergency Operations Center (EOC) personnel monitored the JHU Dashboard and the KDPH Dashboard 24/7 during the Level 3 activation that began on March 9, 2020.

Response

Madison County Emergency Operations Center (EOC), Bluegrass Joint Information Center (JIC) and Madison County Schools:

The Madison County Emergency Operations Center (EOC) was activated on March 9, 2020 to a Level 3 activation. Declarations were submitted to KYEM, sitrep prepared, planning, and logistics in place. The EM Director and all EMA/CSEPP staff have supported EOC operations. EMA/CSEPP staff was divided into two teams on all shifts to ensure operability and coverage 24 hours a day 7 days a week, to include holidays. All staff immediately began social distancing at selected workstations within the EOC.

Mutual Aid Agreements with the Madison County Health Department and the Kentucky Emergency Management State EOC (KYEM SEOC) are in place. Madison County have received and tracked over 82 Sitreps from KYEM SEOC. Daily press releases from the governor Andy Beshear's office were received and tracked. Entries were made into WebEOC as well as Madison County EMA/CSEPP staff monitoring the site.

The Bluegrass Joint Information Center facility was utilized for a press conference on March 11, 2020 located at 558 South Keeneland, Richmond. The jurisdictions participating in the news conference were Madison County Judge Executive, Madison County Health Department Director, Madison County Health Department Public Information Officer, Mayor, City of Richmond, Mayor, City of Berea, American Sign Language (ASL) and Spanish interpreters. The JIC facility was opened and phone numbers published to field calls from the public and or media concerning COVID-19. The facility was managed by Madison County EMA/CSEPP and the call takers were provided by the Madison County Health Department. The Madison County PIO has continued to provide information to the public throughout the response.

Madison County EMA/CSEPP Logistics and Medical Training Officer have fulfilled and tracked over 325 Protective Personal Equipment (PPE) requests. Madison County received PPE supplies (gowns, gloves, masks, face shields, and sanitizer) from the Strategic National Stockpile, KYEM, and many donations from factories, vendors and private sources within the county and state. Staff monitored burn rates for PPE daily and submitted requests as needed. EMA/CSEPP staff has coordinated locating hard to find items, such as thermometers, as needed throughout the response. The EOC has been the storage location for SNS push packages. EMA/CSEPP staff has been responsible for tracking inventory, receiving requests, packaging PPE for delivery/pickup, and the delivery of PPE.

Madison County EMA/CSEPP Public Information Officer produced approximately six news releases and utilized Madison County Live, Facebook, Instagram, Hoot Suite, Twitter, and the County website (www.madisoncountky.us) with information regarding the Pandemic. Also, interviews were conducted with the EM Director from WBON (local station), The Coyote (local

radio) and the Richmond Register (local newspaper). Press releases were posted in WEBEOC too.

Daily briefings were conducted every day for weeks with the different jurisdictions within the county (EMA/CSEPP, Madison County Health Department, Department of Public Health, elected officials, department heads, responders, school representatives, etc.) with updates regarding the number of new cases, people who were hospitalized, those fully recovered, and those recovering at home. Madison County EMA/CSEPP also provided updates on PPE, logistics, non-congregate shelters, and guidance received concerning COVID-19 response. The briefings were downgraded to three times a week and now are conducted twice a week as of May 25, 2020.

Representatives from all school districts are involved in the stakeholder briefing calls. All daycares were closed in response to COVID-19. School representatives followed guidance and made the protective decision to close in person school for the remainder of the school year. The schools also worked to continue meal delivery and supplemental assistance to students in their districts. The schools worked to find alternative ways to continue education which included, zoom classes, Google group meetings, online learning, and paper packets available to parents and students, just to name a few. School representatives are kept informed so they can make decisions for the new school year and continue to participate in the stakeholder calls.

Zumro tents were put into place at different sites throughout the county to accommodate testing by medical personnel. The county Fire Department and county Road Department assisted with setting up the tents, to include sand bags and cones.

Madison County contracted local hotels to setup non-congregate housing for first responders that should test positive for COVID-19. An agreement was reached with two hotels within the county, one in Richmond and one in Berea. A hotel was also available for the homeless population. Food delivery agreements were available to provide meals for quarantined first responders and the homeless. An agreement was reached with Baptist Health Richmond Hospital to provide linens for the occupied hotel rooms. Agreements were in place for sanitization of any rooms occupied.

Daily calls were made to local grocery vendors (7) to ensure deliveries were being made.

Madison County EMA/CSEPP played a huge role with the setup of COVID-19 testing site on Eastern Kentucky University campus. The testing site was located at the Stratton building May 19-21, 2020. EMA/CSEPP provided PPE, tables, chairs, provided refrigerator units, cones, generators, and fuel. A traffic Control Point was utilized for flow of traffic (set up by EMA/CSEPP). Kentucky State Police provided security. The site tested approximately 1200 residents of Madison County.

Response

Saint Joseph Berea

In January of 2020, CHI, Saint Joseph Berea(SJB), began preparations to respond to a possible pandemic that was already occurring in Wuhan China. Based on the information that was available at the time and under leadership's direction we began to look at the possibility that this event could impact our community and our hospital. Situational updates were provided by the Kentucky Department of Public Health(KDPH), Common Spirit Health, and across the Saint Joseph Health System(SJHS) Facilities. Each facility was tasked with reviewing and revising plans and conducting a tabletop drill at each facility. In preparation for the tabletop, leadership looked at pandemic preparations in relation to responder safety and health, communications, emergency operations, patient treatment, isolation and quarantine, surge capacity, equipment needs and alternate care locations. SJB conducted a tabletop drill on March 4, inviting members from KDPH to participate. Shortly after the tabletop drill was conducted, it was evident from the statistics that this was escalating quickly. SJHS began on March 5th conducting daily system planning meetings to evaluate each facility's response, progress and needs to this impending pandemic. On March 12th leadership at SJB determined that the Hospital Incident Command Center(ICC) would be activated to serve as a centralized location for information and resources for our facility and developed a 24/7 ICC staffing rotation that would be active beginning on March 13 at 0600. The ICC activation information was shared with Madison County EMA and Emergency Support Function #8(ESF8) Region 5 through activation in the Web EOC portal. Continued escalation of the pandemic led to coordinated efforts and communication, with local, regional and state stakeholders.

Activation of Hospital Incident Command- Activated on March 13 at 0600 by leadership at SJB, is continually staffed and functional for 24/7 needs with leaders rotating shifts to staff this during off hour, continues to be operation as of this date.

Coordination of community response- Leadership has collaborated with Madison County EMA, ESF#8 Region 5, through participation in tri-weekly calls with stakeholders across healthcare and businesses in our community and the surrounding communities. Working together to facilitate resource allocation and provide a consistent message among healthcare facilities in our region, for patients and visitors to ensure improved compliance with policies and restrictions related to patient care and hospital functions.

Coordination of personnel pool to facilitate new and expanding needs related to staff and patient screening needs and increased environmental service needs.

Implementing a facility lock-down, where all staff and patients are redirected to designated entrances for screening/triaging.

Education of staff serving as door screeners to rapidly identify and redirect potentially infectious “contaminated” patients to alternate location for further screening treatment to prevent exposure to other staff and patients.

Implementation of processes to prevent symptomatic patients with potential Covid-19 from entering the building without proper masking, through call-ahead notification, no contact registration and specimen collection through a drive-through process when needed.

Utilization of Personal Protective Equipment to prevent contracting Covid-19. Policies revised for universal masking of all employees and patients.

Staff trained on proper use and re-use of PPE, to include donning and doffing to prevent exposure and contamination of staff. The facility has had multiple PUI patients throughout this time period with numerous donning and doffing of PPE throughout their shifts and no staff to this date have contracted COVID-19 from a work related patient exposure.

Utilization of CSEPP, Dover PAPR’s for additional PPE options converted with N95 filtration for staff that could not use traditional N95’s or in the event of shortages of PPE.

Acquisition of additional ventilators through Madison County emergency management and facilitated training staff on the use of them.

Implemented a surge plan to allocate additional space for surge of patients presenting to be seen in the emergency department. This was conducted in the request and setup of a portable zumro tent allocated through Madison County EMA outside the ED. Secondary treatment area(Pinnacle Room) was converted to a full negative pressure location to be used for persons under investigation (PUI) for COVID-19.

Implemented increased capacity for Covid PUI for admitted patients, converting 2 ICU rooms and 4 med/surg rooms for Negative Pressure. Developed plan for additional patient bedding in OR and on 4th floor, through retrofitting and applying Hepa filtration units by facilities leadership. Facilities reviewed all air handler locations and room exchange rates to develop plan for patient surge and determine which areas could be utilized based on that information, developing the plan as noted above.

Developed contact tracing processes and tools to use for PUI.

SJHS contracted with outside resources to assist with child care for staff affected by school closures

SJHS implemented a system staffing pool to allocate staff to areas of need throughout the system if needed.

Implementation of a staff pantry to prevent staff from having to go to the store for essentials
Supply Chain management coordinated the daily PPE tracking to determine usage and needs, and worked within systems to move PPE when shortages occurred to the area of need, they also worked with local and state EM to appropriate additional PPE from the stockpile.

Utilization of CSEPP radios to communicate throughout the facility and with ED charge nurses of potentially infectious patients for placement

Utilization of CSEPP, Dover PAPR's for additional PPE options converted with N95 filtration for staff that could not use traditional N95's or in the event of shortages of PPE.

Implemented a surge plan to allocate additional space for surge of patients presenting to be seen in the emergency department. This was conducted in the request and setup of a portable zumro tent allocated through Madison County EMA outside the ED. Secondary treatment area(Pinnacle Room) was converted to a full negative pressure location to be used for persons under investigation (PUI) for COVID-19.

Used chairs, tables and garbage cans to help with setting up the alternate care areas.

Used the emergency stockpile of hand sanitizer, alcohol wipes, gloves to facilitate in the care and screening of patients and staff.

Coordination of multiple local, regional and state agencies, facilitated improved communication and response to needs. Identified proper channels for appropriation of supplies and movement of patients if needed.

A much stronger commitment to identify and screen patients to ensure facilities and staff are not affected by contamination, either biological or chemical. Implementation of designated entrances and flow of patients and staff to single locations facilitated the knowledge of staff in containment of potentially hazardous situations that can affect the entire facility.

Months of PPE usage, with repetitive donning and doffing in response to an unseen potentially deadly pathogen has made staff much more familiar with the process and the importance of preventing potential cross contamination or exposure to themselves.

Utilization of the ICC facilitated care across the hospital. The employee pool allowed for staff to be placed in needed positions. No one refused a job and everyone has a new appreciation for jobs that others do. Staff were trained to do alternate jobs such as screeners, environmental services and when issues/needs would arise staff understood the IC structure and allowed rapid identification and adjustments as needed. Requests were handled timely and efficiently and daily briefings kept staff informed of the situation and changes that were rapidly occurring.

Reviewing building plans and ventilation systems and having the knowledge and ability to convert areas to negative pressure would be a great value in the event of a shelter in place scenario.

This planning allowed us to have time to see where the needs would be, how to adjust/move patients to alternate locations as needed, prepare surge plans, set up negative pressure locations, refresh staff on PPE usage, and many other things.

Response

Baptist Health Richmond (BHR)

March 2020 to current

In response to COVID 19 BHR employees have completed education on: COVID signs and symptoms, Personal Protective Equipment PPE, Proper Mask Utilization, Hand Washing, Visitor Restrictions, Surge Planning, COVID cleaning procedures, COVID testing, Travel Restrictions, Social Distancing, Mental Health and Wellness during COVID 19, CAPR training (frontline personnel), Self-Monitoring, etc.

During COVID BHR's PIO provided education to the general public through social media platforms and ad campaigns.

BHR created an Incident Command Update email distributed to hospital staff and started utilizing an App called SLAK to increase communication.

BHR had one fatality related to COVID 19 which was reported to the Madison County Health Department and our PIO worked with the media for release to the community. PIO also worked with the media on stories published in our local newspaper supporting our hospital and the staff.

BHR's Foundation Director recorded and coordinated all donations the hospital received from the community in order to properly recognize and thank those who gave to the hospital during this time and to ensure the donations were distributed accordingly. The community support we received during this time was unbelievable and served as a real morale booster for our staff. BHR has maintained daily communication with the EMA throughout our COVID response and have validated that we could continue to support the CSEPP program and if a disaster/event occurred at BGAD we would be able to triage, DECON, and treat patients exposed to nerve agent despite our involvement in COVID response.

Due to so many of our staff completing CSEPP training despite furloughing staff we always felt like we had enough staff trained and ready to respond to a CSEPP event 24/7 if needed.

BHR had to do multiple Emergency Assessments as we found out more about COVID.

We pulled our PPE inventory, identified what we would need to order, and created reports that showed quantity, daily utilization, and days on hand.

We looked at our surge plan and determined that we would need a more specific robust plan for COVID so we went back to the drawing board to create a Bed Plan and Staffing Plan that would work to support creating COVID treatment areas on Med/Surg and ICU and further expanding plan to utilize OR/SDS once elective surgeries were cancelled.

BHR exercised most of the components of our emergency management program and our Emergency Operations Plan (EOP) due to COVID including but not limited to: executing MOU's for childcare, supplies and shelter, credentialing staff, implementing Incident Command, staffing and deploying our labor pool, working with numerous community partners (police, EMA, EMS, ECU, MCHD, HPP, KDPH, etc.), providing education to staff/community, surge planning, treatment protocols, behavioral health counseling, medication management, inventory management, utilizing technology for communication and treatment, business continuity planning, transportation, implementation of 1135 waivers, utilizing our communication plan, and establishing a crisis management team.

BHR completed hazard mitigation during COVID 19 by restricting visitation, closing all but 2 entrances into the hospital South Entrance and the ED, COVID screening patients/visitors and masking them upon entry, cancelling in person meetings and transitioning to video meetings, asking staff to work at home as appropriate, rearranging areas to promote social distancing, requiring employees to mask and self-monitor and quarantine as appropriate, and furloughing staff when volume decreased. All these measures helped to mitigate the spread of COVID 19 in our community, reduce exposure, and control cost associated with COVID.

The EMA transferred 10 BHR PAPR's utilized for CSEPP to EMS so that they would have a backup should they run out of N95's which still left enough CSEPP PAPR's at BHR in case we had to respond to a CSEPP event. BHR is grateful to have the PAPR's as a last resort for protection if we run out of our N95's. We currently have enough N95's and have established a system to turn our N95's in for processing and re-use if needed.

We have communicated guidelines for protection of patient, visitors, and staff including but not limited to: appropriate use of PPE, masking, social distancing, and staff self-monitoring. We are screening all patients, visitors, and staff for COVID and all patients are tested for COVID pre-procedure.

BHR's 2019 CSEPP drill consisted of: Incident Command activation and response, symptom identification and management, pt. transfer to the appropriate level of care, patient flow throughout the hospital, and treatment of patients with chemical agent exposure in OR, Women's Care, Med-Surg, ICU and the ED. This first of a kind CSEPP drill helped us in preparation for what we have experienced with COVID 19 as we did not have to decon COVID 19 patients, but we had to do everything that we had practiced above in our 2019 CSEPP drill instead the focus was on COVID 19 not chemical agent exposure. It was also different in that we only participated in the drill for 4 hours and we have been responding to COVID 19 since March 2020 and our Hospital Incident Command is still activated and we are continuing to respond and prepare for another potential surge of COVID 19 in the fall.

March 16, 2020, we implemented our BHR Incident Command and operated Sunday-Saturday initially then adapted to Monday-Saturday then Monday-Friday and finally we are having

Incident Command Meetings M, W, and F. We also participated in Baptist Health System Services Incident Command calls starting on March 18, 2020 which included representatives from Incident Command at all 9 of our hospitals and followed much of the same pattern in date/frequency progression but now those meetings are held on Tues and Thurs.

BHR's PIO worked closely with the Madison County Health Department (MCHD) and the EMA to disseminate information. The current MCHD PIO previously worked in the CSEPP program so we had already had a strong relationship established which was a bonus us from a communication standpoint. BHR had had one death related to COVID that was reported to the media and a total of 10 COVID positive patients. The media were receptive to the information that we wanted to communicate and were responsive to our needs. They even printed articles highlighting our hospital and staff during this pandemic as well as recognizing the community for their overwhelming support of our hospital/staff. The media also received information from daily governor broadcasts including numbers of COVID positives and COVID deaths throughout the state and by county as well as guidelines established by the state in response to COVID 19.

BHR Finance has been tracking COVID related expenses (staffing, supplies, PPE, etc.) in a designated cost center and have been exploring COVID response funding options to help the bottom line. Although we include Finance in our Incident Command during CSEPP drills/exercises we don't get to practice in detail for recovery following an event/disaster so COVID 19 has given us the opportunity to exercise that portion of Incident Command in much greater detail.

As part of COVID response, BHR ceased elective surgeries and converted our OR/SDS space to an ICU and additional Med/Surg beds to prepare for a surge of COVID patients. As part of ceasing elective surgeries we furloughed staff from the OR/SDS area. We are now executing the Phases of Recovery and have resumed elective surgeries, called furloughed staff back in to work, and have transitioned the OR/SDS area to its original state. BHR has had to plan in recovery to respond to our new normal of masking and COVID testing pre-procedure. We have had to create new and innovative ways to provide care, control patient flow, maintain social distancing, and revise visitor restriction policy to allow one family member with a patient in order to provide a safe environment to provide care.

Response

Eastern Kentucky University

EKU's significant response activities related to the COVID-19 pandemic began about Thursday, 3/5/2020, the week prior to the University Spring Break period of 3/9/2020 through 3/13/2020. This date marked a University-wide email from Interim President David T. McFaddin titled COVID-19 Information and Spring Break Advisory. The University had been tracking developments and meeting as necessary prior to this date, but for the purposes of this summary, we will use 3/5/2020 as our start date.

On Wednesday, 3/11/2020, during the University's Spring Break, President McFaddin sent a message to the entire community stating that ECU would restructure the spring semester for the week of 3/16/2020 through 3/20/2020. Students were advised that they should not return to campus immediately following the spring break. The residence halls would temporarily close.

As of Monday, 3/23/2020, all ECU instruction was to be delivered remotely, through the end of the semester, for spring 2020 courses. ECU online courses (eCampus) would continue to follow their original schedule. Model would continue to offer Non-Traditional Instruction to all students until further notice. And Burrier Child Development Center would follow the Model Laboratory School schedule.

At present, ECU, Model, and Burrier, have not determined exactly how we will operate for the Fall 2020 semester. It is hoped that school will be in session, in person, with restrictions and safeguards anticipated, but the planning continues. To meet these needs, President McFaddin has appointed three primary task forces to implement response actions and proactively address operationalization impacts for the coming semesters. These include a COVID-19 Task Force, a Fall Contingency Planning Task Force, and an Athletics Task Force. Each team is composed of dedicated experts. Topics to be addressed include public health priorities and considerations, campus and health center preparation, testing and contact tracing, special populations, mental health considerations, and more.

This is truly an "All of Community" approach, and members of the University meet, virtually, several times a week, with our Madison County COVID-19 Task Force, facilitated by our County Judge Executive, Reagan Taylor. Additionally, at present, Governor Andy Beshear has ordered that groups of 10 people or fewer were to be permitted as of Friday, 5/22/2020, and groups of 50 or fewer are anticipated to be permitted come Monday, 6/29/2020. Thus, how the ECU Richmond Campus properties look and operate, for the Annual CSEPP Exercise in September is in question.

As we waded into, and through, an unprecedented Global Pandemic, the University was, and is, used to working collaboratively, as a team, to make appropriate and flexible decisions, to safeguard our community. We recognized the necessity to review and update our Pandemic Flu

and Business Continuity Plan to meet our current needs. The old plan was cumbersome. Outlining the ongoing decision-making processes, we were engaged in, and taking into consideration our former Pandemic Plan, in light of our new, yet to be implemented University Business Continuity Plan, we fashioned our Infectious Disease Response Protocol (IDRP) (Dated April 13th, 2020), and vetted it through the President's Council and University Counsel. This protocol is current, fluid, and living, as a document, detailing what the University has done, is doing, and it guides our processes as necessary to meet the FEMA Public Assistance Program, "Stafford Act" requirement, for Eligible Emergency Protective Measures in the execution of an applicable emergency plan. This IDRP will be included in this submission for review purposes. And it compliments, nicely, the work ECU Division of Public Safety has been doing to revise and implement the University Emergency Action Plan (also included for reference) and the creation of an Emergency Action Plan Training Video, which is intended to be mandatory for all University employees. This "global" training initiative is pending final implementation, as we have been placing all our efforts into the Institutional Response to COVID-19.

A link to our Emergency Action Plan Training Video is included here. It covers most hazards with some emphasis on CSEPP response.

<https://www.youtube.com/watch?v=F38Eop8ev5Q&feature=youtu.be>

Eastern Kentucky University has implemented non-pharmaceutical interventions (NPI), for the purposes of limiting the spread of disease on the campuses of the University. ECU implements all Federal, State and Local guidance, where appropriate, applicable, and reasonable, with respect to curtailment of operations, moving classes to online formats, limiting on-campus workforce to essential personnel only, curtailing scheduled events, etc. In order to implement these measures, the University facilitated the following actions:

- 1) Informed the University population of the current status of the Infectious Disease. This was accomplished using University-wide emails and Rave Mobile Safety, the University primary mass communication system. Performance metrics of Rave are regularly maintained and are available upon request. Some performance data and message content are included in this submission to demonstrate system use for public information and warning.
- 2) Created and/or updated existing webpages, and other resources, to provide public information, warning, and education regarding Infectious Disease. <https://prepare4flu.eku.edu/>
- 3) Implemented an Institutional Break for all classes and advise all students not to return to the campus. Again, this would be applicable to a CSEPP situation that occurs after regular hours, on a weekend or holiday, or during a break period.
- 4) Limited public gatherings through closings, postponements, cancellations, and social distancing measures.

- 5) Transitioned classes to online instruction only.
- 6) Advised University faculty & staff to transition to remote work/work from home if at all possible.
- 7) Advised faculty and staff to transition to essential personnel only for on-campus operations.
- 8) Informed University community that all scheduled events that involve public gatherings are cancelled or may be re-scheduled until further notice or until a date can be designated.
- 9) As the decision was made to limit on-campus operations, advise all residential students that only students with emergency needs may be permitted to remain in on-campus housing, in a non-congregate capacity, and appointments made, in coordination with University Housing, to retrieve all personal belongings for those who did not remain.
- 10) If the need arises, advise faculty and staff to transition to emergency personnel only for on-campus operations.
- 11) Designated Residence Halls that are conducive to isolation and/or quarantine and provide basic utilities (i.e. kitchen, laundry services, bathrooms, etc.) that may be utilized for residents who remain on campus. It was determined that Grand Campus would be used for this purpose. And at the request of KYEM, an inventory was made of single bathroom residential accommodations, which could be set aside and provided to the State for use. Eastern Kentucky University: "We have 593 rooms that could provide a private bath experience. That means closing one of two adjoining rooms for shared suites."
- 12) Facilitated the collection of consumable supplies, to include personal protective equipment, and donated material to the Madison County EMA/CSEPP for distribution. ECU donated over 100,000 items. This included approximately: 110,796 gloves (55,398) pairs, 679 medical gowns, and 2,400 surgical masks. The material was collected from the following Departments: Biology, Chemistry, Environmental Health Science, Nursing, Justice & Safety, Arts, Agriculture, Model, Aramark, and Environmental Health & Safety.
- 13) Facilitated the movement of supplies from distribution points in Kentucky to the Madison County EMA/CSEPP via University trucks and drivers.

(Note) Additional response measures can be found in the Infectious Disease Response Protocol. Presently, ECU is engaged in a phased process of restarting operations. As of Monday, 5/11/2020, guidelines for restarting were sent to the University community. And on Tuesday, 5/19/2020, the Fall Contingency Planning Task Force informed the community that ECU will open on schedule in the Fall, and operate on its published calendar, following measures that are already in place or are currently underway. Again, the final form of what the Fall will look

like, and exactly how we will operate, is still being developed. These two latest communications will also be included in this submission for review.

Our Healthy at Work approach to reopening Kentucky's economy were explained by John Dixon, Executive Director of Human Resources & Institutional Equity. The current operations include that as previously mentioned in campus communications, EKU is not requiring employees who have been teleworking to return to campus at this time. However, for those employees who have been continuing to work on campus, or for those employees who will begin on-campus work in the near future, the following measures must be followed.

ALL employees--including faculty, staff, student employees, Graduate Assistants, and Teaching Assistants--are required to follow these mandates while performing work on behalf of the University, and while on any EKU campus, owned property, or controlled property.

General Mandates

- 1) Employees shall continue to telework where possible, at the discretion of each office supervisor and in conjunction with plans established by each area Vice President.
- 2) Supervisors must be made aware of any on-campus work at all times, even if only a short-term visit or only a few days a week.
- 3) Employees should continue to limit face-to-face interactions to the extent practicable at all times while on campus.

Face Masks/Coverings

A face mask will be required for all employees while working on campus to the extent practicable. The following general guidelines are provided for clarification:

- 1) Employees are not required to wear a face mask/covering when alone in an enclosed space (i.e. alone in an office or vehicle or in a remote setting), or if a mask/face covering will create a serious safety or health hazard to the employee. If you believe wearing a mask/face covering will create a serious safety or health hazard to you, this exception should be approved by Human Resources as a documented accommodation in the event of a health hazard; or by Public Safety in the event of a safety hazard.
- 2) Employees are required to wear a face covering while working if the employee could potentially be within six (6) feet of other individuals.
- 3) Employees are expected to read and follow the guidelines for the proper use of face masks/coverings.
- 4) If you do not have a face mask/covering, one will be provided to you at no cost. Please contact ehs@eku.edu to arrange for receipt of a face mask/covering through the Office of Environmental Health & Safety. Daily temperature/health checks are required. Employees

must take their temperature and conduct a health self-assessment each day prior to coming to campus. If you have any of the following symptoms*, you are directed to remain at home or otherwise not come to the University campus for work, and to immediately contact Human Resources, at (859) 622-8046.

1) At least one of the following symptoms:

- Cough
- Shortness of breath

2) At least two (2) of the following symptoms:

- Fever (The Madison County Health Department defines an elevated temperature as 100 degrees Fahrenheit or greater.)
- Chills
- Repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell

3) Seek immediate medical attention if you have any of these emergency warning signs:

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion or inability to arouse
- Bluish lips or face

* This list is not all inclusive. Please consult your medical provider for any other symptoms that are severe or concerning to you. You are always encouraged to protect yourself and others by following CDC guidelines . And please remember to wash your hands often. If you have symptoms, or believe that you have been exposed to COVID-19, please complete the COVID-19 Coronavirus Monitoring Form so the University can check in and monitor your status: <https://prepare4flu.eku.edu/covid-19-coronavirus-monitoring-form>. Failure to follow any of these mandates, including but not limited to, reporting to work with symptoms as noted above, reporting to work without performing a daily temperature check, reporting to work without a mask when it is otherwise needed, or reporting to work in any capacity without approval from your supervisor and area Vice President, will result in disciplinary action, up to and including termination.

Every employee's compliance with the Governor's Healthy at Work mandates is of the utmost importance. Each of us has a shared responsibility to help the University safely reopen and prepare to welcome students back to our campus as soon as safely possible.

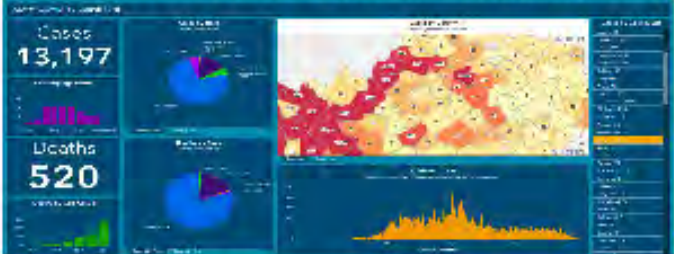







Response

Berea Health and Rehabilitation:

Berea Health and Rehabilitation (BH&R) utilized their Continuity of Operations Plan throughout the COVID-19 response. PPE such as masks, gloves, face shields, and daily temperature readings. The facility completed hazard mitigation during COVID 19 by restricting visitation, COVID screening patients/visitors and masking them upon entry, cancelling in person meetings and transitioning to video meetings, rearranging areas to promote social distancing, requiring employees to mask and self-monitor and quarantine as appropriate, and furloughing staff when volume decreased. All these measures helped to mitigate the spread of COVID 19 in our community, reduce exposure, and control cost associated with COVID.

Due to the extent of the on-going current pandemic, utilization and allocation of resources, daily use of protective measures for the staff, facility and residents, and coordinated efforts with outside community members Berea Health and Rehabilitation would like to request an exemption from participation in the full-scale community CSEPP event in September 2020 and allow the facilities Covid-19 pandemic response to serve as credit for this years event.

INCIDENT OBJECTIVES (ICS 202)

1. Incident Name: Madison County- COVID-19 Pandemic	2. Operational Period: Date From: 3/9/2020 Date To: 6/19/2020 Time From: 8:00am Time To: 4:00pm												
3. Objective(s): 1. Will utilize Kentucky Department of Public Health and Madison County Health Department as medical information source. 2. Maintain PPE inventory according to federal guidelines, distributed as requested. 3. Limit social contact (social distancing); close all public county offices to public access except for emergency medical services. EOC staff is divide into teams to help eliminate possible exposure. Masks will be worn in all common areas within the EOC. 4. Establish non-congregate facilities for quarantine of first responders(coronavirus positive)and homeless. 5. Monitor and track State and Local confirmed cases/deaths.													
<div style="display: flex; align-items: center;">  <div style="margin-left: 10px;">as of June 19, 2020</div> </div>													
4. Operational Period Command Emphasis: <ul style="list-style-type: none"> - Monitor and receive updates regarding cases within Madison County. - PPE supply requests must be sent through Madison County EMA (325 to date) - PPE from SNS or private donations will be inventoried and tracked (database). - Public Information for self-protection will be disseminated to residents within Madison County. - Protection of staff within the EOC to ensure continuity of operations. <div style="display: flex; justify-content: space-around; text-align: center; margin-top: 10px;"> <div style="border: 2px solid green; border-radius: 50%; width: 60px; height: 60px; display: flex; align-items: center; justify-content: center;">  Safety and Security </div> <div style="border: 2px solid green; border-radius: 50%; width: 60px; height: 60px; display: flex; align-items: center; justify-content: center;">  Food, Water, Sheltering </div> <div style="border: 2px solid yellow; border-radius: 50%; width: 60px; height: 60px; display: flex; align-items: center; justify-content: center;">  Health and Medical </div> <div style="border: 2px solid green; border-radius: 50%; width: 60px; height: 60px; display: flex; align-items: center; justify-content: center;">  Energy (Power & Fuel) </div> <div style="border: 2px solid green; border-radius: 50%; width: 60px; height: 60px; display: flex; align-items: center; justify-content: center;">  Communications </div> <div style="border: 2px solid green; border-radius: 50%; width: 60px; height: 60px; display: flex; align-items: center; justify-content: center;">  Transportation </div> <div style="border: 2px solid green; border-radius: 50%; width: 60px; height: 60px; display: flex; align-items: center; justify-content: center;">  Hazardous Material </div> </div>													
General Situational Awareness: June 18- Kentucky cases- confirmed 13,197 with 520 deaths. Kentucky has 3,506 that have recovered. Kentucky has 119 counties reporting at least one positive case. Madison County has 97 confirmed cases with 1 fatality. Madison County EOC is at a Level 3 activation.													
5. Site Safety Plan Required? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Approved Site Safety Plan(s) Located at: EOC 560 South Keeneland Drive Richmond, KY.													
6. Incident Action Plan (the items checked below are included in this Incident Action Plan): <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;"> <input checked="" type="checkbox"/> ICS 202 </td> <td style="width: 30%;"> <input type="checkbox"/> Map/Chart </td> <td style="width: 40%;"> Other Attachments: </td> </tr> <tr> <td> <input checked="" type="checkbox"/> ICS 203 </td> <td> <input type="checkbox"/> Weather Forecast/Tides/Currents </td> <td> <input checked="" type="checkbox"/> <u>Critical Locations</u> </td> </tr> <tr> <td> <input checked="" type="checkbox"/> ICS 205 </td> <td></td> <td></td> </tr> <tr> <td> <input checked="" type="checkbox"/> ICS 208 </td> <td></td> <td> <input type="checkbox"/> _____ </td> </tr> </table>		<input checked="" type="checkbox"/> ICS 202	<input type="checkbox"/> Map/Chart	Other Attachments:	<input checked="" type="checkbox"/> ICS 203	<input type="checkbox"/> Weather Forecast/Tides/Currents	<input checked="" type="checkbox"/> <u>Critical Locations</u>	<input checked="" type="checkbox"/> ICS 205			<input checked="" type="checkbox"/> ICS 208		<input type="checkbox"/> _____
<input checked="" type="checkbox"/> ICS 202	<input type="checkbox"/> Map/Chart	Other Attachments:											
<input checked="" type="checkbox"/> ICS 203	<input type="checkbox"/> Weather Forecast/Tides/Currents	<input checked="" type="checkbox"/> <u>Critical Locations</u>											
<input checked="" type="checkbox"/> ICS 205													
<input checked="" type="checkbox"/> ICS 208		<input type="checkbox"/> _____											
7. Prepared by: Name: Teresa Stocker Position/Title Training & Exercise Officer Signature:													
8. Approved by Incident Commander: Name: Dustin Heiser Signature:													
ICS 202	IAP Page <u>1</u>	Date/Time: _____											

Updated by FDA 2/2011

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name: Madison County COVID-19 Pandemic		2. Operational Period: Date From: 3/9/2020 Time From: 8:00am		Date To: 6/19/2020 Time To: 4:00pm	
3. Incident Commander(s)/ Agency Incident Coordinator and Command Staff: (include location)			7. Operations Section:		
<input type="checkbox"/> IMT IC/UCs	Dustin Heiser	Chief	Dustin Heiser		
<input type="checkbox"/> Health Dept	Nancy Crew	Deputy	Jennifer Hitch		
			Designated OPS Leads		
Deputy		Staging Area			
Safety Officer		Branch	Health & Medical Lifeline		
Public Info. Officer	Courtney Radar	Branch Director	Dakota Berry		
Liaison Officer		Deputy			
4. Agency/Organization Representatives: EMA			Division/Group		
Agency/Organization	Dustin Heiser	Division/Group			
	Jennifer Hitch	Division/Group			
		Division/Group			
		Division/Group			
		Admin Support			
			Colbie Holmes		
			EOC Tech		
5. Planning Section:			Division/Group		
Chief	Tom Webb	Division/Group			
	EOC Tech as assigned	Division/Group			
Resources Unit		Division/Group			
Situation Unit		Division/Group			
Documentation Unit		Branch		Infrastructure	
Demobilization Unit		Branch Director	Teresa Stocker		
Technical Specialists			EOC Tech		
	EOC Techs (9) available for assignments.	Division/Group			
		Division/Group			
		Division/Group			
6. Logistics Section:			Division/Group		
Chief	Andrew Woolum	Division/Group			
	EOC Tech as assigned				
Support Branch					
Director					
Supply Unit					
Facilities Unit					
Ground Support Unit					
Service Branch					
Director					
Communications Unit					
Medical Unit					
Food Unit					
Colbie Holmes					
			8. Finance/Administration Section:		
			Chief	Jennifer Hitch	
			Deputy	Ancie Hatfield	
			Time Unit		
			Procurement Unit		
			Comp/Claims Unit		
			Cost Unit		
9. Prepared by: Name: _____ Position/Title: _____ Signature: _____					
ICS 203		IAP Page _____		Date/Time: _____	

INCIDENT COMMUNICATIONS PLAN (ICS 205)

1. Incident Name: COVID- 19 Pandemic		2. Date/Time Prepared: Date: 3/9/2020		3. Operational Period: Date From: 3/9/2020 Date To: 6/19/2020 Time From: 8:00 Time To: 4:00pm	
4. Incident communication information:					
Incident Assigned Position	Name (Last, First)	Primary Number	Secondary Number	Other Method (s) of Contact (pager, email, radio, etc.)	Remarks
Madison Co EM/CSEPP	Heiser, Dustin	850-624-4787	850-893-1897		
Madison Co EM/CSEPP	Hitch, Jennifer	850-624-4787	850-893-1887		
Madison Co Health Dept	Crewe, Nancy	850-626-4241	850-200-4657		
Baptist Health Richmond	Long, Tara	850-625-3193	850-200-8500		
Saint Joseph Berea	Maupin, Darcy	850-986-6584	850-582-7353		
EMS	Coyle, Carlos	850-623-5121	850-200-4777		
EMS	Jackson, Ron	850-623-5121	850-582-4938		
Fire	Chief Gray, Tim	850-624-4775	850-861-3776		
Fire	Chief Kirby, Sam	850-623-1164	850-200-9751		
Fire	Chief Sandlin, Shawn	850-986-8232	850-861-2874		
Law	Manley, Sam	850-623-1511	850-861-0303		
Law	Richardson, Rodney	850-623-1162	850-861-3048		
Law	Puckett, Kenneth	850-986-8456	850302-3516-		
5. Special Instructions:					
6. Prepared by (Communications Unit Leader): Name: _____ Signature: _____					
ICS 205	IAP Page _____	Date/Time: _____			

Updated by FDA 2/2011

SAFETY MESSAGE/PLAN (ICS 208)

1. Incident Name: Madison County COVID-19 Pandemic	2. Operational Period: Date From: 3/13/2020 Date To: 6/19/2020	
3. Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan COVID-19 Hotline (800) 722-5725		
<p>The COVID-19 hotline is a service operated by the healthcare professionals at the KY Poison Control Center who can provide advice and answer questions.</p> <p>Symptoms: Fever, Cough, Shortness of breath, Difficulty breathing or shortness of breath, Persistent pain or pressure in the chest, new confusion or inability to arouse, bluish lips or face. ***This list is not all inclusive. Please consult your medical provider for any other symptoms that are severe or concerning***</p> <p>Take steps to protect yourself:</p> <ul style="list-style-type: none"> -Wash your hands often with soap and water for at least 20 seconds especially after you have been in a public place, or after blowing your nose, coughing, or sneezing. -If soap and water are not readily available, use a hand sanitizer that contains at least 60% alcohol. Cover all surfaces of your hands and rub them together until they feel dry. -Avoid touching your eyes, nose, and mouth with unwashed hands. <p>Avoid close contact (social distancing, 6 feet recommended)</p> <ul style="list-style-type: none"> -Avoid close contact with people who are sick -Put distance between yourself and other people if COVID-19 is spreading in your community. This is especially important for people who are at higher risk of getting very sick. <p>Take steps to protect others:</p> <p>Stay home if you're sick</p> <ul style="list-style-type: none"> -Stay home if you are sick, except to get medical care. Learn what to do if you are sick -Cover your mouth and nose with a tissue when you cough or sneeze or use the inside of your elbow. -Throw used tissues in the trash. -Immediately wash your hands with soap and water for at least 20 seconds. If soap and water are not readily available, clean your hands with a hand sanitizer that contains at least 60% alcohol. <p>Wear a facemask if you are sick</p> <ul style="list-style-type: none"> -If you are sick: You should wear a facemask when you are around other people (e.g., sharing a room or vehicle) and before you enter a healthcare provider's office. If you are not able to wear a facemask (for example, because it causes trouble breathing), then you should do your best to cover your coughs and sneezes, and people who are caring for you should wear a facemask if they enter your room. Learn what to do if you are sick. -If you are NOT sick: You do not need to wear a facemask unless you are caring for someone who is sick (and they are not able to wear a facemask). Facemasks may be in short supply and they should be saved for caregivers. <p>Clean and disinfect</p> <ul style="list-style-type: none"> -Clean AND disinfect frequently touched surfaces daily. This includes tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks. -If surfaces are dirty, clean them: Use detergent or soap and water prior to disinfection. <p>To disinfect:</p> <p>Most common EPA-registered household disinfectants will work. Use disinfectants appropriate for the surface. Have utilized VIREX as the prevalent disinfectant.</p>		
4. Site Safety Plan Required? No but find attached our county government guidelines for safety for COVID-19. Approved Site Safety Plan(s) Located At: EOC 560 South Keeneland Drive Richmond, KY.		
5. Prepared by: Name: _____ Position/Title: _____ Signature: _____		
ICS 208	IAP Page _____	Date/Time: _____



MEMORANDUM: Coronavirus and Flu Prevention

Date: March 13, 2020

To: All employees

From: Madison County Fiscal Court

The world health community continues to monitor closely the emergence of the SARS-CoV-2 virus and the disease it causes, named "coronavirus disease 2019" (COVID-19). At this time, no one knows how severe this outbreak will be. Given this uncertainty, and the fact that the seasonal influenza (flu) virus is also widespread, we are taking proactive steps to address a number of business concerns. First and foremost, we want to maintain a safe workplace and encourage and/or adopt practices protecting the health of employees, customers, visitors or others. We also want to ensure the continuity of business operations in the event of a pandemic.

We ask all employees to cooperate in taking steps to reduce the transmission of communicable diseases in the workplace. Employees are reminded of the following:

- Stay home when you are sick.
- Wash your hands frequently with warm, soapy water for at least 20 seconds.
- Cover your mouth with tissues whenever you sneeze, and discard used tissues in the trash.
- Avoid people who are sick with respiratory symptoms.
- Clean frequently touched surfaces.

Madison County Fiscal Court will provide alcohol-based hand sanitizers throughout the workplace and in common areas. Cleaning sprays and wipes will also be provided to clean and disinfect frequently touched objects and surfaces such as telephones and keyboards.

Employees are encouraged to use telephone and video conferencing instead of face-to-face meetings as much as possible during this outbreak. IT support services are available to employees who need assistance with this technology.

It is critical that employees do not report to work while they are experiencing respiratory symptoms such as fever, cough, shortness of breath, sore throat, runny or stuffy nose, body aches, headache, chills or fatigue. Currently, the Centers for Disease Control and Prevention recommends that employees remain at home until at least 24 hours after they are free of fever (100 degrees F or 37.8 degrees C) or signs of a fever without the use of fever-reducing medications. Many times, with the best of intentions, employees report to work even though they feel ill. We provide paid sick time and other benefits to compensate full-time employees who are unable to work due to illness. Employees who report to work ill will be sent home in accordance with these health guidelines.

The Madison County Fiscal Court is actively following and implementing policies and procedures in place to ensure that the safety of our employees is our top priority. We will continue to release communication as the need arises.

Please contact the Human Resources Department with any questions or concerns.



Madison County Health Department

214 Boggs Lane

Richmond, KY. 40475

Monday-8AM-6PM Tuesday-Thursday 8:00AM-4:30PM Friday 8:00AM-12PM

www.madisoncountyhealthdept.org

Madison County Consolidated 911

560 South Keeneland Drive

Richmond, KY. 40475

Admin- 859-624-4776

Madison Co Emergency Operations Center

560 South Keeneland Drive

Richmond, KY. 40475

Monday-Friday 8:00AM-6:00PM

www.madisoncountyky.us/ema

School Meal Pickup Locations

These locations vary from week to week according to their Facebook page.



Madison County COVID-19 Pandemic
Supplemental Information

Johns Hopkins University CSSE COVID-19 Global Map
<https://coronavirus.jhu.edu/map.html>

[KDPH COVID-19 Dashboard](https://govstatus.egov.com/kycovid19)
<https://govstatus.egov.com/kycovid19>

Kentucky Cabinet for Health and Family Services
<https://kygeonet.maps.arcgis.com/apps/opsdashboard/index.html#/543ac64bc40445918cf8bc34dc40e334>

Criteria for homemade masks for COVID-19

Kentucky Department of Public Health (KDPH)

https://www.youtube.com/watch?time_continue=5&v=csMp8SLjiSU&feature=emb_logo

Center for Disease Control (CDC)

<https://www.cdc.gov/coronavirus/2019-ncov/downloads/DIY-cloth-face-covering-instructions.pdf>

Commonwealth of Kentucky (information for all aspects of COVID-19)

<https://govstatus.egov.com/kycovid19>

https://youtu.be/iEPB_nn1kFU

<https://youtu.be/7TasM4uRj74>

<https://youtu.be/CRBJ4JSVYpo>



2020 Exercise Credit for COVID-19 Response

Date of Request: 8/24/2020

Location (facility name): Mercy Health- Marcum and Wallace Hospital

Type: COVID-19 Response

Purpose: Demonstrate emergency response capabilities associated with the facility’s response to the national pandemic.

Rationale: This response required implementation of elements of the Emergency Operations Plan for a prolonged period of time. These activities included but were not limited to: *Activation of Hospital Incident Command Structure 3/6/2020 and continues through present day. Activities included developing protocols and treatment plans of care, ensuring adequate supplies and developing an increased (50%) bed capabilities. Changed delivery mode of primary care through utilization of increased technology needs.*

(Provide a listing of activities included in your response. Examples could include activation of a command structure, patient triage, donning/doffing personal protective equipment, provision of treatment, preparation for surge, patient tracking, fatality management, etc.)

This After-Action Review (AAR) validates our response capabilities to a community event and aided us in the identification of gaps and corrective actions that can be addressed.

Evaluator Plan: Co-Director review of After-Action Report

Program Benefit and Annual Exercise Impact: The program benefit is the knowledge that if an actual CSEPP community response was necessary, this facility validated their true capability through their response to a real-world event and not just through an exercise demonstration. *Due to the extreme hardship of this pandemic and the uncertainty of our ability to participate in the 2020 CSEPP Exercise, our facility’s plan for participation is: MWH has actively participated in CSEPP in 2020 the manpower needed to participate, including ensure compliance with CDC, State and Local standards regarding safety during the COVID-19 Pandemic. Staff are required to care for patients at the bedside including COVID positive patients. Staff have donned and doffed PPW daily which has been assess and education provided.* (Provide details of your planned exercise participation. Examples could include unable to participate due to the impact of COVID-19; activation of a limited command structure for communication with EOC; demonstration of triage and decontamination; participation in an out-of-sequence exercise or training event, etc.)

Exercise Evaluation Guide Tasks	Y	N	Comments/Notes All “No” answers must have a comment.
Establish an Incident Command and/or Join a Unified Command (C.6.1.F)			
Did your facility: 1. Determine incident objectives and strategy to	X		

Exercise Evaluation Guide Tasks	Y	N	Comments/Notes All “No” answers must have a comment.
achieve the objectives?			
2. Establish immediate priorities, especially safety, welfare, and accountability, of all people involved in the incident?	X		
3. Coordinate and communicate with key team members (e.g., State and local EOCs, Hospital Command Center)?	X		
4. Develop and approve implementation of the written or oral Incident Action Plan?	X		
5. Direct changes in personnel and resources based on the progression of the incident?	X		
6. Approve requests for additional resources and requests for release of resources?	X		
7. Authorize release of information to news media or follow the established process for the jurisdiction (i.e., JIC)?	X		
8. Plan for demobilization and ensure demobilization procedures are followed?	X		
Communication—Medical Staff (C.6.2.F)			
Did your facility:	X		
9. Transmit and receive ongoing status reports using a bidirectional communication exchange?			
10. Employ internal communications using redundant systems?	X		
11. Maintain external communications with all engaged medical agencies and the Emergency Management Structures (i.e., JIC, JIS, and EOC)?	X		
Prepare Medical Treatment Facility to Receive Patients (C.6.3.F)			
Did your facility:	X		
12. Implement current emergency management/pandemic plans?			
13. Make arrangements to control access to all entrances and exits?	X		
14. Identify and isolate potentially infectious patients that self-present to the medical treatment facility unannounced or present themselves outside of regular EMS channels?	X		

Exercise Evaluation Guide Tasks	Y	N	Comments/Notes All "No" answers must have a comment.
Triage (C.6.4.F)			
Did your facility: 15. Establish and set up triage location, paying special attention to infection control and access control measures?	X		
16. Conduct triage of survivors/patients by determining if they present signs and symptoms of COVID-19 infection?	X		
17. Properly don/doff PPE to protect from danger due to biological hazards associated with COVID-19?	X		
18. Provide patient-tracking information in accordance with established protocols and procedures?	X		
Treat Patients at a Medical Treatment Facility (C.6.7.F)			
Did your facility: 19. Provide appropriate medical treatment, ensuring infection control measures, throughout the continuum of care?	X		
20. Provide patient tracking and facility bed availability information to the EOC and/or the Emergency Management Agency?	X		
Manage Human Remains (C.6.8.F)			
Did your facility: 21. Implement a mass fatality plan?	X		
22. Comply with reporting requirements for fatalities in accordance with the appropriate plans, state law, etc.?		X	Facility to date has not had a COVID + death, reporting process is in place.
23. Respectfully contain and properly store human remains pending arrangements for transfer to a mortuary or other appropriate facility according to recommendations from the local medical examiner?	X		
24. Using patient-tracking procedures, report location and status of the remains to the EOC or Emergency Management System?		X	Facility to date has not had a COVID + death, reporting process is in place.

Performance Improvement: Recommendations and Corrective Action

1. Based on your response, list the top 3 strengths.
Communication, Ability to utilize items such as incident command structure to lead the organization through this pandemic and flexibility of staff that needed to work in other areas and the ability to use education to provide competence and just in time training.

2. Based on your response, list the top 3 areas that need improvement.
MWH will need to ensure ability for staff in all areas when a large event occurs, Wayfinding within the building, Storage of supplies and equipment

3. Identify the corrective actions that should be taken to address the issues identified above (#2). For each corrective action, indicate if it is a high, medium or low priority, and who should be assigned responsibility for the corrective action.
Wayfinding (high) Steve Campbell, owner. Construction of permanent barriers to ensure appropriate entry to the building and lack of back tracking by patients entering the building. Signs will create designated walking paths.
Storage (medium) Steve Campbell, owner. Purchase of small outbuilding to be placed in helipad area with keys available to charge nurses, management and security. Supplies to be housed in this area include overflow of PPE, Medical equipment for surge beds and lab supplies.
Staffing (low) Trena Stocker, owner. Identification was made during the exercise that given a Pandemic and rules regarding quarantine the available labor pool of staff in a true emergency may be lower than anticipated. Alternative staff pools are being identified as well as staffing models including utilization of students to care for patients.

4. List the applicable equipment, training, policies, plans and procedures that should be reviewed, revised, or developed. Indicate the priority level for each.
The EOP will need to be updated to show lessons learned such as lock down process and utilization of the decontamination room for a triage input versus actual decon and the utilization of structures outside of the facility for projects such as the morgue.

5. Lessons Learned and Best Practice Recommendations (optional)



*Winchester/Clark County
EMA/CSEPP
Winchester, Kentucky 40391
34 South Main St.*

859-745-7415 Office

859-745-7416 Fax

CSEPP ERO Exercise Credit 2020

ERO 1: Preparedness

A/C.1.1.E –Emergency plans related to the possibility of CAI are current, coordinated and available where needed. County Pandemic Plans which were relevant to COVID 19 pandemic were reviewed and updated to ensure maximum effectiveness was achieved and retained and is still ongoing as the pandemic continues.

A/C.1.4.E –Public Outreach and Public Education Programs are in place and utilized to inform the public about CSEPP and other all hazards emergency preparedness.

COVID 19 emergency preparedness information followed guidelines from the Center of Disease Control and State Public Health with Local Public Health taking the lead were reviewed and utilized.

C.3.1.E –The EOC is staffed with personnel to manage the jurisdiction’s response.

COVID 19–The EOC was initially activated on March 6. The following agencies initially staffed the EOC, Public Health, City Fire/EMS and County Fire, City Police and Sheriffs Dept. County Judge Executive, Mayor, Emergency Management, Hospital, Public Schools.

ERO 3: Emergency Management

C.3.1.E –Alert and Mobilize EOC Staff –The EOC was staffed with personnel to manage the jurisdiction’s COVID 19 response.

COVID 19 The EOC maintained a Level 3 activation from 8:00am –4:00 pm weekdays with ema staff for the first couple of weeks of the initial activation.

C.3.2.F –Establish or Join a Unified Command –integration in, or control of, a Unified Command. The Unified Command organization consists of the Incident Commanders from the various jurisdictions or organizations operating together to form a single command structure. Establishment of an inclusive balanced Unified Command that is staffed, functional and effective through expansion of response to demobilization of the event.

COVID 19 response unified command structure was established with involved local agencies/departments with communications amongst the respective parties with a focus on public health mission priorities. Emergency Management focused on logistics to support the needs of local agencies/departments in their attempts to respond and protect both themselves and the public.

C.3.2.E –Activate and Operate the EOC

COVID 19 The EOC attained a functional status and was maintained for the initial response and stepped down with a limited staff based upon local response needs which mostly included logistics request.

C3.4.E –Request Supplementary Assistance –Monitor for potential resource shortfalls. Local City/County Declarations were declared which allowed local city/county governments to bypass formalities to provide equipment, request assistance and acquire necessary items that may be needed to protect local citizens.

ERO 5: Protection

C.5.1.E – Make Off Post Protection Action Decisions (PADS) – PADs that are appropriate for the risks are made quickly. Protective action was determined for the Clark County residents to follow CDC and state guidelines and shelter in place and isolation for elderly and other at risk populations and information was disseminated to the public on that decision.

C.5.4.F –Conduct Route Alerting –All persons in the predicted hazard area will receive the appropriate protection action instructions.

COVID 19 hazard area which happened to be the entire county consisted of pushing information on proper PPE and instructions for use of that PPE for citizens, businesses, school, city county agencies/departments based upon CDC and state guidance.

C.5.9.E –Direct and Control Protection of Special Populations –Arrangements are made for special populations to be sheltered-in-place or promptly and safely evacuate to host facilities.

COVID 19 event and actions were taken county wide to ensure Special Populations and elderly populations in multiple locations to take protective action (SIP) and or relocate and quarantine as recommended by guidance from CDC through state and local public health.

ERO 6: Survivor and Patient Care

C.6.1.F –Establish Incident Command –An Incident Command System that is equal to the complexity and demands of an event, will be established at field locations.

COVID 19 incident command consisted of local and state partners actively involved with the COVID 19 response with city/county resource support to the local public health mission based upon the county pandemic plan. We coordinated with State Public Health at the State EOC and the regional command center for the request, collection, and distribution of Medical PPE and regular PPE (masks, sanitizers, gloves etc.) for local departments/agencies government offices.

C.6.2.F –Communication –Communication occurs throughout the continuum of care all the way through the emergency structure.

COVID 19 communications occurred with city/county agencies/departments and government officials and are still occurring utilizing phone conferencing and virtually utilizing zoom and other virtual video platforms.

ERO 7: Public Information

C.7.1.E/J –The JIC staff and staffs in each jurisdiction EOC and response facility have the latest pertinent information about the event, the response, the situation status and associated public health and safety information from all other jurisdiction EOCs and response facilities.

COVID 19 –During COVID-19 Joint Information Center was established with the Governor’s office, DPH and other cabinets, Mission to communicate

protective actions and advisories to the community. The Governor conducted daily briefings of the situation to the public on the incident and protective action to be taken and was coordinated through local public health to ensure accuracy and timely delivery to the public.

C.7.1.E –Disseminate Public Health and Safety Information to the Media – Media outlets are informed about the response to the event as soon as possible and to the full extent that credit information from within the jurisdiction is available.

COVID 19 -During COVID-19 the Governor’s office, DPH and other cabinet leaders communicated CDC protective actions and advisories to the counties. The Governor conducted daily briefings of the situation to the public on the incident and protective action to be taken. Our city/county officials and public health and Emergency Management relayed that information to the local public via radio, newspaper, social media platforms etc.

A/C.7.2.J –Activate and Operate a Joint Information Center –The JIC is made operational as soon as possible; this facility then operates continuously with sufficient numbers of trained staff, space, equipment and such other capabilities as are needed to fully support the mission of providing the single best source of information about the event, the response by all jurisdictions and associated public health and safety issues.

COVID 19 –During COVID-19 Joint Information Center was established and staffed with the Governor’s office, DPH and other cabinets with the mission to communicate protective actions and advisories to the counties. The Governor conducted regular briefings of the situation to the public on the incident and protective action to be taken. A State COVID 19 website and local COVID 19 Public Health website was provided to provide information to the community. Local public health coordinated with the JIC on ensuring accurate and timely information was provided to residents of Clark County through radio, newspaper and social media.

Thanks,

*Gary Epperson
Winchester/Clark County EMA/CSEPP Director*

2020 Exercise Credit for COVID-19 Response

Date of Request: 8/31/20

Location (facility name): Clark Regional Medical Center

Type: COVID-19 Response

Purpose: Demonstrate emergency response capabilities associated with the facility's response to the national pandemic.

Rationale: This response required implementation of elements of the Emergency Operations Plan for a prolonged period of time. These activities included, but were not limited to: Activation of EOC, preparation of influx of COVID19 patients , participation with local, state and federal agencies, regular conferences and meetings of EOC members, participation of Infection Control in managing COVID19 aspects, initiated facility lockdown plans and screening protocols for all patients, visitors and employees, set protocols for proper PPE usage and coordinated with EM agencies in regards to acquiring PPE

_____ (Provide a listing of activities included in your response. Examples could include: activation of a command structure, patient triage, donning/doffing personal protective equipment, provision of treatment, preparation for surge, patient tracking, fatality management, etc.)

This After-Action Review (AAR) validates our response capabilities to a community event and aided us in the identification of gaps and corrective actions that can be addressed.

Evaluator Plan: Co-Director review of After-Action Report

Program Benefit and Annual Exercise Impact: The program benefit is the knowledge that if an actual CSEPP community response was necessary, this facility validated their true capability through their response to a real-world event and not just through an exercise demonstration. Due to the extreme hardship of this pandemic and the uncertainty of our ability to participate in the 2020 CSEPP Exercise, our facility's plan for participation is: At this time we are fully capable in participation of a CSEPP emergency activation . updates are received from Administration and all departments directly impacted by the activation of the CSEPP plan for full involvement in executing our plan as far as staffing levels and COVID19 patient levels

_____(Provide details of your planned exercise participation. Examples could include: unable to participate due to the impact of COVID-19; activation of a limited command structure for communication with EOC; demonstration of triage and decontamination; participation in an out-of-sequence exercise or training event, etc.

Exercise Evaluation Guide Tasks	Y	N	Comments/Notes All “No” answers must have a comment.
Establish an Incident Command and/or Join a Unified Command (C.6.1.F)			
Did your facility:	Y		
1. Determine incident objectives and strategy to achieve the objectives?			
2. Establish immediate priorities, especially safety, welfare, and accountability, of all people involved in the incident?	Y		
3. Coordinate and communicate with key team members (e.g., State and local EOCs, Hospital Command Center)?	Y		
4. Develop and approve implementation of the written or oral Incident Action Plan?	Y		
5. Direct changes in personnel and resources based on the progression of the incident?	Y		
6. Approve requests for additional resources and requests for release of resources?	Y		
7. Authorize release of information to news media or follow the established process for the jurisdiction (i.e., JIC)?	Y		
8. Plan for demobilization and ensure demobilization procedures are followed?	Y		
Communication—Medical Staff (C.6.2.F)			
Did your facility:			
9. Transmit and receive ongoing status reports using a bidirectional communication exchange?			
10. Employ internal communications using redundant systems?	Y		
11. Maintain external communications with all engaged medical agencies and the Emergency Management Structures (i.e., JIC, JIS, and EOC)?	Y		

Prepare Medical Treatment Facility to Receive Patients (C.6.3.F)			
Did your facility:	Y		
12. Implement current emergency management/pandemic plans?			
13. Make arrangements to control access to all entrances and exits?	Y		
14. Identify and isolate potentially infectious patients that self-present to the medical treatment facility unannounced or present themselves outside of regular EMS channels?	Y		
Triage (C.6.4.F)			
Did your facility:	Y		
15. Establish and set up triage location, paying special attention to infection control and access control measures?			
16. Conduct triage of survivors/patients by determining if they present signs and symptoms of COVID-19 infection?	Y		
17. Properly don/doff PPE to protect from danger due to biological hazards associated with COVID-19?	Y		
18. Provide patient-tracking information in accordance with established protocols and procedures?	Y		
Treat Patients at a Medical Treatment Facility (C.6.7.F)			
Did your facility:			
19. Provide appropriate medical treatment, ensuring infection control measures, throughout the continuum of care?			
20. Provide patient tracking and facility bed availability information to the EOC and/or the Emergency Management Agency?	Y		
Manage Human Remains (C.6.8.F)			
Did your facility:		N	Plans were discussed but never implemented
21. Implement a mass fatality plan?			

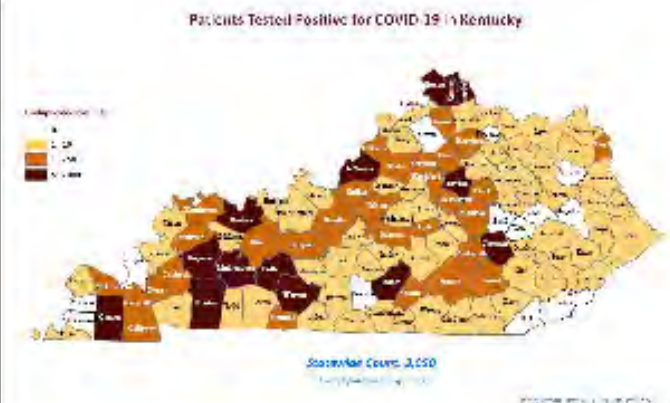







22. Comply with reporting requirements for fatalities in accordance with the appropriate plans, state law, etc.?	Y		
23. Respectfully contain and properly store human remains pending arrangements for transfer to a mortuary or other appropriate facility according to recommendations from the local medical examiner?		N	This was not necessary due to no deaths
24. Using patient-tracking procedures, report location and status of the remains to the EOC or Emergency Management System?		N	This was not necessary due to no deaths

Performance Improvement: Recommendations and Corrective Action

1. Based on your response, list the top 3 strengths.
 - A. The cooperation of the hospital and agencies
 - B. The ability of hospital staff, from Admin to frontline, to work together during this pandemic
 - C. The ability to change course and set new plans due to the ever changing aspects of COVID19
2. Based on your response, list the top 3 areas that need improvement.
 - A. Receiving EM documentation requested from other people
 - B. Setting priorities for the day-to-day items that come up
 - C. Getting feedback from pertinent individuals in a timely manner
3. Identify the corrective actions that should be taken to address the issues identified above (#2). For each corrective action, indicate if it is a high, medium or low priority, and who should be assigned responsibility for the corrective action.
 - A. Put more emphasis on needed information from departments
 - B. Set deadlines for needed information and decisions
 - C. Set deadlines for needed information and decisions
4. List the applicable equipment, training, policies, plans and procedures that should be reviewed, revised, or developed. Indicate the priority level for each.
 - A. NIMS training for all leadership 100,200,700,800- several leaders have delayed completing their courses (1)
 - B. Additional Negative Air Machines. (2)
5. Lessons Learned and Best Practice Recommendations (optional)
 1. Be flexible and ready to change at moment's notice. This pandemic has taught us that nothing is set in stone. What we hear and lock in as policy and procedure today could be obsolete next week.
 2. Constant communication is key. When we activated EOC in March, we had daily and sometimes twice daily briefings with all of leadership and not just a select group of EOC members, but all department leaders from Admin to EVS. Everyone was kept in the loop as to how the pandemic was affecting the hospital, from staffing changes and patient issues. Everyone has a voice in our briefings

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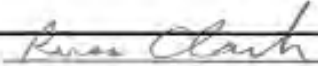
INCIDENT OBJECTIVES (ICS 202)

1. Incident Name:	2. Operational Period: Date From: _____ Date To: _____ Time From: _____ Time To: _____	
3. Objective(s):		
 <p style="font-size: small; text-align: center;">Kentucky Center for Disease Control 11/18/2020</p>		
4. Operational Period Command Emphasis:		
Garrard County: <div style="display: flex; justify-content: space-around; margin-top: 10px;">        </div>		
General Situational Awareness		
5. Site Safety Plan Required? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Approved Site Safety Plan(s) Located at: _____		
6. Incident Action Plan (the items checked below are included in this Incident Action Plan):		
<input type="checkbox"/> ICS 202	<input type="checkbox"/> ICS 206	Other Attachments:
<input type="checkbox"/> ICS 203	<input type="checkbox"/> ICS 207	<input type="checkbox"/> _____
<input type="checkbox"/> ICS 204	<input type="checkbox"/> ICS 208	<input type="checkbox"/> _____
<input type="checkbox"/> ICS 205	<input type="checkbox"/> Map/Chart	<input type="checkbox"/> _____
<input type="checkbox"/> ICS 205A	<input type="checkbox"/> Weather Forecast/Tides/Currents	<input type="checkbox"/> _____
7. Prepared by: Name: _____ Position/Title: _____ Signature: _____		
8. Approved by Incident Commander: Name: _____ Signature: _____		
ICS 202	IAP Page _____	Date/Time: _____

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name: _____		2. Operational Period: Date From: _____ Time From: _____		Date To: _____ Time To: _____	
3. Incident Commander(s) and Command Staff:			7. Operations Section:		
IC/UCs		Chief			
		Deputy			
Deputy		Staging Area			
Safety Officer		Branch			
Public Info. Officer		Branch Director			
Liaison Officer		Deputy			
4. Agency/Organization Representatives:			Division/Group		
Agency/Organization	Name	Division/Group			
		Division/Group			
		Division/Group			
		Division/Group			
		Division/Group			
		Branch			
		Branch Director			
		Deputy			
5. Planning Section:			Division/Group		
Chief		Division/Group			
Deputy		Division/Group			
Resources Unit		Division/Group			
Situation Unit		Division/Group			
Documentation Unit		Branch			
Demobilization Unit		Branch Director			
Technical Specialists		Deputy			
		Division/Group			
		Division/Group			
		Division/Group			
6. Logistics Section:			Division/Group		
Chief		Division/Group			
Deputy		Air Operations Branch			
Support Branch		Air Ops Branch Dir.			
Director					
Supply Unit					
Facilities Unit		8. Finance/Administration Section:			
Ground Support Unit		Chief			
Service Branch		Deputy			
Director		Time Unit			
Communications Unit		Procurement Unit			
Medical Unit		Comp/Claims Unit			
Food Unit		Cost Unit			
9. Prepared by: Name: _____ Position/Title: _____ Signature: _____					
ICS 203		IAP Page _____		Date/Time: _____	

INCIDENT RADIO COMMUNICATIONS PLAN (ICS 205)

1. Incident Name: COVID-19 Pandemic			2. Date/Time Prepared: Date: 2020 March 18 Time: 13:30				3. Operational Period: Date From: 2020 03 30 Date To: 2020 04 06 Time From: 1600 Time To: 1600			
4. Basic Radio Channel Use:										
Zone Grp.	Ch #	Function	Channel Name/Trunked Radio System Talkgroup	Assignment	RX Freq N or W	RX Tone/NAC	TX Freq N or W	TX Tone/NAC	Mode (A, D, or M)	Remarks
		Law Enforcement Dispatch Channel	Lancaster/Sheriff	LEO	155.580 N	101	158.850 N	101	d	Lancaster Police/ Garrard Police
		Fire/EMS Dispatch	Garrard Local	Fire/EMS	155.880 N	118.8	153.740 N	118.8	A	FIRE AND EMS
		Garrard Schools	Schools	Schools					D	
		Garrard Road Department	Road Department	Road Department	453.2875 N	15	458.2875 N	15	D	
			Old Fire	EMA	154.100 N	118.8	154.100 N	118.8	A	
5. Special Instructions:										
6. Prepared by (Communications Unit Leader): Name: <u>Russ Clark</u> Signature: 										
ICS 205			IAP Page 3			Date/Time: 18 March 2020				

Incident Assigned Position	Last Name	First Name	Home Agency	office	cell	e-mail	Radio ID
Finance & Admin Section Chief	Bushnell	James	Judge Executive's Office	859-792-3531	859-582-6576	garrardcourt@windstream.net	
Communications Unit Leader	Clark	Russ	District 1 Fire Dept.	859-792-3023	859-339-8247	rclark411@hotmail.com	411
Safety & Security Lifeline Director	Davis	Tim	Garrard County Sheriff	859-792-3591	859-339-1537	garrcosher@windstream.net	
Public Information Officer	East	David	Garrard EMA	859-792-4786	859-339-0016	garrardpio@gmail.com	
Safety & Security Lifeline Director	Graham	Tevis	Garrard Police & Camp Dick Fire Dept	859-792-1436	859-339-1540	gcsok9narco@yahoo.com	
Liaison - Garrard Board of Education	Grasham	Kalem	Garrard County Board of Education		859-319-3138	kalem.grasham@garrard.kyschools.us	
Liaison - KYEM Area 10 Manager	Green	Rhonda	KY Emergency Management		502-229-3204	rhonda.green@ky-em.org	
	Harrison	Leonard	Ministerial Association		859-230-5005	Lharrison@marksburyfarms.com	
Safety & Security Lifeline Director	Kidd	Rodney	Lancaster Police Department	859-792-6000	859-339-9536	rkidd@cityoflancasterky.com	
EMS Division Supervisor	May	Tim	Garrard EMS	859-792-6288	859-339-0145	gemst.may@gmail.com	
Fire Division Supervisor	May	Travis	Buckeye Fire Department			BuckeyeFF619@yahoo.com	
Safety Officer	Noe	Keri	Garrard Health Department	859-792-2153		KeriL.No@ky.gov	
	Norton	Marshall	Mayor			marshallenorton@gmail.com	
Planning/Logistics Sections Chief	Overman	Jay	Garrard EMA	859-792-7120	859-339-4552	garrardcepp@gmail.com	DES 8
Liaison - Local Physicians	Rapuri	Sri	Lancaster Rural Health Clinic	859-304-5157	606-272-3574	srirapuri@hotmail.com	
EMS Division Deputy	Roberts	Kay	Garrard EMS	859-792-6288	606-706-5988	kayroberts911@gmail.com	
Incident Commander	Scott	Tim	Garrard EMA		859-339-0739	tscott@windstream.net	DES 1
Fire Division Supervisor	Sebastian	Richard	Lancaster Fire Department		859-339-9478	lanfire@windstream.net	
Health & Medical Lifeline Director	Smith	J Dawn	Garrard Health Department	859-792-2153		JDWAN.smith@ky.gov	
Fire Division Supervisor	Vencill	Dean	Cartersville/Paint Lick Fire Department	859-925-9675	859-339-1260	dfd825@gmail.com	
Supply Unit Leader	Watkins	Tonya	Garrard Health Department	859-792-2153	859-339-2030	TonyaD.Watkins@ky.gov	
	Wilson	John	County Judge Executive	859-792-3531	859-339-9118	garrardjudge@windstream.net	
Coroner Division Supervisor	Young	Shane	Coroner	859-792-8750	606-510-3417	shaneyoung@ramsey-young.com	

INCIDENT ORGANIZATION CHART (ICS 207)

1. Incident Name:	2. Operational Period: Date From: _____ Date To: _____ Time From: _____ Time To: _____	
3. Organization Chart		
<p>The diagram shows the Incident Commander at the top. Reporting to the Incident Commander are the Liaison Officer, Safety Officer, and Public Information Officer. The Incident Commander also oversees three main sections: Operations, Planning, and Logistics. The Operations Section Chief oversees the Staging Area Manager and four units. The Planning Section Chief oversees the Resource Unit Leader, Situation Unit Leader, Documentation Unit Leader, and Demobilization Unit Leader. The Logistics Section Chief oversees the Support Branch Director, Supply Unit Leader, Facilities Unit Leader, and Ground Support Unit Leader. The Service Branch Director oversees the Communications Unit Leader, Medical Unit Leader, and Food Unit Leader. The Finance/Administration Section Chief oversees the Time Unit Leader, Procurement Unit Leader, and Compensation Unit Leader.</p>		
ICS 207	IAP Page _____	4. Prepared by: Name: _____ Position/Title: _____ Signature: _____ Date/Time: _____

SAFETY MESSAGE/PLAN (ICS 208)

1. Incident Name:	2. Operational Period: Date From:		Date To:
	Time From:		Time To:
3. Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan:			
4. Site Safety Plan Required? Yes <input type="checkbox"/> No <input type="checkbox"/> Approved Site Safety Plan(s) Located At:			
5. Prepared by: Name: _____		Position/Title: _____	Signature: _____
ICS 208	IAP Page _____	Date/Time: _____	

Garrard County COVID-19 Pandemic Critical Locations



Garrard County Health Department

M-Th 8AM-4:30PM F 8AM-12PM

89 Farra Dr, Lancaster, KY 40444 (859) 792-2153

Bluegrass 911 / Garrard Emergency Operations Center

278 Precision Ct. Lancaster, KY 40444

Bluegrass 911 admin: (859) 792-3023

EOC (not activated): (859) 792-4786

School Meal Pick-up Locations Mon-Fri 12PM-1PM (4/13-TBD):

Village Square Apartments - 202 Doty Ln, Lancaster, KY 40444

Mt. Hebron Church - 3017 Mt Hebron Rd, Lancaster, KY 40444

White Lick Church - 5606 Cartersville Rd, Berea, KY 40403

Buckeye Fire Department - 47 Bethel Rd, Lancaster, KY 40444

Pleasant Retreat Plaza - 830 Stanford Rd., Lancaster, KY 40444

Buena Vista Church - 3389 Kennedy Bridge Rd, Lancaster, KY 40444

Hyattsville Church - 3245 Richmond St, Lancaster, KY 40444

Lancaster Baptist Church - 201 Richmond St, Lancaster, KY 40444

Garrard County COVID-19 Pandemic Supplemental Information



Johns Hopkins University CSSE COVID-19 Global Cases Map

<https://www.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6>

KY Cabinet for Health and Family Services COVID-19 Information

<https://chfs.ky.gov/agencies/dph/Pages/covid19.aspx>

Here is a description of the actions and ERO's for which we would like to claim for exercise credit, if possible. I'm not familiar with the parameters that have to be met for exercise credit but hopefully this will meet some.

ERO 2 Emergency Assessment

Although Jackson County EOC was never activated on the traditional level, EOC staff coordinated with our partners, just as a traditional activation would allow. At the beginning of the pandemic, questions and problems would come from many different directions. Jackson County EOC staff would coordinate with Judge Gabbard and other respective authorities as needed, to work through problems that arose for an extended time throughout the COVID event.

Critical infrastructures partners, healthcare partners, and first responders were updated on a daily basis with guidance from Governor Beshear's office, Center for Disease Control and regional and local Healthcare agencies. EOC staff assisted Critical Infrastructure partners develop solutions for continuity of services for the citizens of Jackson County, while providing a high level of safety for their employees.

Jackson County EMA/CSEPP Director and EOC staff worked daily for months with the local Health Department to determine positive patient's locations to provide safety for first responders should they need to respond to their location.

ERO 5 Protection

Upon discussion with Judge Gabbard and based on recommendations of Jackson County Health Department, the decision was made to close local attraction areas. The problem was exacerbated as many out-of-county visitors were travelling to these areas as attractions in their county had already closed. Jackson County EMA/CSEPP and Jackson County Road Department installed physical barriers to keep traffic from these areas, as well as signage and posts on social media platforms to alert potential visitors of this information.

ERO 6 Survivor and Patient Care

Jackson County's only long-term care facility took a critical hit with a nearly 100% COVID infection rate among residents and staff members. Jackson County EMS transported nearly 100% of all patients needing the next level of care due to COVID related health problems from this facility. Jackson County EMS had zero COVID positive employees during this timeframe. In normal daily operations, proper PPE usage are important but has been critical for employee health and agency operations over the past few months.

Fire departments often assist EMS with survivor and patient care and over the course of this event had several calls for patients who had COVID-like symptoms and also positive patients. Throughout the event, we had one fireman who was quarantined out of an abundance of caution after he was questionably within 6 feet of a positive patient without proper PPE. Normal

operations for fire departments were modified to attempt social distancing and focusing on proper PPE guidance during the COVID event.

We feel this was a success as of current and is in part due to the training that CSEPP provides and from the overall requirements of the CSEPP program in general.

ERO 7 Emergency Public Information

Jackson County EMA/CSEPP worked with the Judge Gabbard and the local Health Department to put out information on social media platforms as well as fielded numerous calls and texts needing information on Governor Beshear's recommendations. We also coordinated with local businesses and infrastructure partners to share information about changes to their schedules in order to enhance safety to the communities.

After-Action Report on the COVID Event

ERO 2 Emergency Assessment

Jackson County did not receive the first case until April 7th 2020 in Jackson Manor Nursing Home, which was over a week into the event. One of the problems during this event was deciding on traditional activation of the EOC, the unknown contagion factor of COVID ultimately led decision makers to decide to not activate the EOC. This was mainly due to most of the EOC staff serving dual roles as telecommunicators at Jackson County E 911 and the problems it would cause if they had become positive for COVID. Additionally, the workload on EOC/911 staff would complicate a staff shortage within 911 during this time.

Although the judge, judge's office, and EMA/CSEPP Director worked closely to solve problems that arose with the event, solutions were complicated by attempting to resolve issues by phone. Not only did we have to keep in contact with each other but some delays arose with critical infrastructure partners, the Health Department and local businesses which slowed down response times for questions answered. Normally, Jackson County EOC/CSEPP Director would send out daily emails with recommendations based on best practices from the respective authorities and questions would follow by phone or email. Questions would flow in to multiple points, which would result in phone calls and emails to multiple locations and personnel before being able to provide an answer or solution.

ERO 5 Protection

Physical barriers placed by Jackson County EMA/CSEPP and Jackson County Road Department held for some time but as citizens and tourists became accustomed to the "new normal" and restless from quarantine they removed part of the physical barriers and gained access to those areas. Much of the burden of social distancing enforcement at these areas fell to law enforcement, after a repair on the physical barriers proved unable to keep them out. The barriers consisted of a light duty metal chain on T-posts with caution tape and dump truck loads of dirt that was dumped on

the roads leading into these locations. Trespassers removed the chain from the T-posts and drove between the posts through the grass.

One of our law enforcement officers had also responded to a call at a medical clinic about an irate person with a gun, due to this officer wearing prescribed eyewear, he decided he could not safely wear a mask and was exposed directly to a COVID positive patient and quarantined for 14 days without incident.

We also had another officer who was off-work for an extended period of time for medical reasons and near his medical release, his infant son had tested positive, resulting in his family quarantining for 14 additional days for COVID 19 which was an increase on the workload of the remaining officers.

ERO 6 Survivor and Patient Care

Survivor and Patient Care for responders of Jackson County stayed positive overall. Jackson County EMS had two ventilators, one of which had become inoperable and during the event the remaining ventilator failed to operate correctly. After reaching out to state and regional partners they borrowed two units to get them through the event.

One major concern was the availability of PPE for our medical responders. During the beginning of the event, we did not expect to get a sufficient amount of PPE to last through the event from the Federal NSS and State resources. Some of the supplies we received from the NSS were inoperable due to deterioration from age but we received more than we had originally thought, but through purchases and donations seem to have a sufficient amount currently.

Communication from our long-term care facility has caused some concern and issues multiple occurrences through the event. Although all crews remained vigilant with PPE standards it did cause duplication of efforts and down time for EMS crews.

ERO 7 Public Information

During the beginning of the event, we only knew what was happening in other counties and states. The anxiety of what was coming was discussed among agencies and business within Jackson County with only the experience of what news agencies and social media was covering. We had some idea of what to expect for our county. We pushed out information over local tv and radio channels as well as social media. Businesses and critical infrastructure partners made sure employees understood the recommendations and implemented their own plans some with great success. News media and social media dominated the majority of information collection for most citizens of Jackson County.

Lessons Learned

ERO 2 Emergency Assessment

By not opening the EOC or having an alternative plan of communication with decision-making partners in place highlighted the need for a pandemic communications operations plan. Until this event most of us were not familiar with the Zoom communication or similar platforms, had we been more familiar, this could have benefited the decision-making process.

We feel that the event has created new relationships between Jackson County EMA/CSEPP and other agencies within the county and region. We now see the need for operational communication between certain partners and are working to keep these communication lines open. An AAR for this event has been discussed between county agencies and businesses and will be carried out at the appropriate time to better understand the strengths and weaknesses experienced during this event. The focus will not only be on pandemic incidents but any where these partners may need to form operational coordination again.

ERO 5 Protection

In the incident concerning citizens and visitors removing barriers, is quite concerning. Most visit to walk and look at the attraction, regardless of the fact they should NOT be there, but yet decide to remove a barrier and drive instead of walking an extra 100 yards is quite concerning but proves a point. Unless there is a significant barrier that would cause damage to or disable their vehicle our efforts at unmanned traffic control points are not working. Through this process, we have learned that unmanned TCP's must be not based on the suggestions of no entry but physical obstructions that are not so easily defeated.

For law enforcement, we did find out that wearing a mask for those with eyewear is a safety issue. We must find a solution for this problem. Officers with eyewear, who had experienced fogging had also tried sprays that were supposed to stop fogging but it worked only for a limited time or had minimal success. Our goal with this problem is to experiment with different masks to either change the expulsion location so its not near the eyewear or cool the used air prior to expulsion. Some of the guidance also suggested the use of a face shield which would only increase the problem. Although PPE is critical for all responders for Law Enforcement, they have had to choose the lesser of two evils during this event. This is not acceptable and one of the most concerning lessons we have experienced throughout this incident.

ERO 6 Survivor and Patient Care

Jackson County EMS is working to resolve the problem with ventilators currently. They are attempting to purchase a new ventilator and hopefully at some point two of them. We have also been in contact with a company that will repair the old ones and perform inspections on those annually. With back up equipment, we hope to resolve this issue.

PPE is also a critical factor when dealing with a pandemic event. It has been discussed among the leaders of Jackson County Fiscal Court and EMS to work on acquiring a stockpile of PPE in case of another event should occur. Our only concern is that some of the PPE will not be used by any medical facility to keep our stockpile rotation up-to-date. Although, we do not have the perfect solution to this problem as of yet, we do see the need for the stockpile and hope to begin to work on acquisition and a rotation for supplies and equipment that will keep the materials up-to-date.

We knew that communications are important prior to this event and some of the communications we had with our LTC facility were not beneficial to our patients during this critical time. We hope that our relationship we have developed with the LTC facility will improve our future communications. We will also enhance communications with other agencies to ensure that there is no duplication of efforts or wasted trips for patients.

ERO 7 Public Information

Public information is critically important during events such as this one. We advertised our cell phone numbers, office numbers and other means of communications to ensure that anyone that had a question could get an answer promptly. One particular area of improvement is those with functional needs, we contacted a regional agency who works with the hearing impaired and are currently working on getting a list of those within our communities. We are working together to determine best methods to communicate with those who are hearing impaired and have some results already. These results will be used to build a better line of communication with those individuals.

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Fayette County Lessons Learned

Many agencies in Fayette County report being better prepared in their response to COVID-19 because of their experience and involvement in the Chemical Stockpile Emergency Preparedness Program (CSEPP). Fayette County's response to COVID-19 is similar in many ways to the response of a community event from the Blue Grass Army Depot (BGAD), requiring many of the same skills, tools, communication channels, and a heavy reliance on interagency coordination. However, there were also unique challenges and lessons learned in the response to the COVID-19 pandemic that will strengthen future emergency responses. This report outlines some of the COVID-19 response activities completed by Fayette County hospitals, Kentucky Blood Center, Fayette County Health Department, Fayette County Police Department, and Fayette County Division of Emergency Management, as well as lessons learned from the community's response.

Hospitals in Fayette County activated their Hospital Incident Command Systems, initiated surge protocols, implemented patient tracking procedures, donned and doffed personal protective equipment, established alternate care sites, deployed Zumro tents and established areas for patient overflow, utilized WebEOC to procure emergency supplies and report facility status, and more. Kentucky Blood Center also activated its Executive Team Command Structure, maintained communication with other agencies to continually assess response readiness and obtain necessary equipment, planned for the accommodation of an influx of donors, established donning and doffing personal protective equipment practices for front line staff, and more.

Furthermore, Fayette County Health Department activated its Department Operations Center, employed its continuity of operations plan, worked with community partners to expand testing capabilities, conducted contact tracing and patient tracking, worked with the Kentucky Department of Public Health to employ the Regional Distribution Site Plan (similar to what would occur in the event of a chemical release at BGAD) and assigned a regional coordinator to the Fayette County EOC, and more.

Lexington Fire Department and Lexington Police Department revised plans and procedures to handle COVID-19 and to reduce the risk of exposures, as well as practiced interagency coordination in response to COVID-19. Lexington Fire Department donned and doffed personal protective equipment, assisted Fayette County hospitals with the deployment of Zumro tents, assisted local and state government, medical, and private sector agencies to operate COVID-19 testing sites, and more.

Fayette County Division of Emergency Management was in continual communication with agencies at the local, state, and federal levels. WebEOC was used to fill and make requests for PPE, monitor hospital status, and secure supplies that were needed by other agencies. Fayette County Emergency Management worked with the homelessness coordinator to secure sheltering of homeless populations who were in quarantine or tested positive for COVID-19, and also secured shelter for responders who tested positive. Fayette County EM also assisted in the establishment and operation of COVID-19 testing sites, including the deployment of a COVID-19 testing site for Limited English Proficient communities.

While interagency coordination was reported to be a strength of the COVID-19 response, it is important to note that communication and coordination could be made even better for future events, including better internal communication in the responding agencies. Agencies also report that additional trainings are needed (such as donning and doffing PPE) and should be made a higher priority to handle future events. Additional lessons learned include agencies reporting that daily briefings were helpful in maintaining communication and situational awareness. Agencies also reported that they learned more about the supplies available to them within their own community, such as Zumro tents, as well as reporting that ICS communication was quick and effective.

The CSEP Program enhanced Fayette County's response to COVID-19 tremendously. Responding agencies in Fayette County report that interagency coordination was successful in large part due to having relationships already established through the CSEP Program. Being involved in CSEPP allowed for a smoother and more cohesive response to the pandemic as agencies were familiar with the process of requesting assistance and supplies, using WebEOC, coordinating with emergency management, and more. In addition, hospitals in Fayette County reported that practicing the activation of the Hospital Incident Command System during CSEPP exercises proved to be beneficial upon actual activation for COVID-19. Many of the tasks completed in response to COVID-19, as well as the communication and coordination between agencies, are similar to how agencies would respond to a CSEPP event.

In this report are the 2020 Exercise Credit for COVID-19 Response documents from the following agencies (in order):

1. Baptist Health Lexington
2. Lexington VA Health Care System
3. University of Kentucky Health Care (Chandler and Good Samaritan Hospitals)
4. Saint Joseph Hospitals
5. Eastern State Hospital
6. Lexington-Fayette County Health Department
7. Kentucky Blood Center
8. Lexington Police
9. Lexington Fire Department

2020 Exercise Credit for COVID-19 Response

Date of Request: June 29, 2020

Location (facility name): Baptist Health Lexington

Type: COVID-19 Response

Purpose: Demonstrate emergency response capabilities associated with the facility's response to the national pandemic.

Rationale: This response required implementation of elements of the Emergency Operations Plan for a prolonged period of time. These activities included, but were not limited to:

Baptist Health Lexington activated Incident Command on March 16, 2020. The HICS Organization chart was completed and posted. Key positions are required to document and report daily. The Control Center and other assigned HICS positions have been active for a constant duration since the emergency event began. Office hours for activated positions remained normal (ex. 7:30 – 4:30 pm). However, due to the Emergency many HICS positions needed to work extended hours including the week-ends. The HICS 201 Forms has been completed since March 17 to date. Baptist Health Lexington was preparing our hospital and staff for a possible coronavirus surge before Incident Command was officially opened. The Emergency Management (EM) Team utilized the CDC Coronavirus Hospital Preparedness Assessment Tool in conjunction with Infection Control, Emergency Department and the entire EM Team. The hospital's Administration, System Services and Safety Officer closely monitored the worldwide crisis in preparation for a pandemic. On March 3, 2020, required supply conservation strategies were begun at the System Services level, and at each hospital within the System. Protocols for use of PPE were developed. Travel restrictions for Baptist Health employees began on March 3, 2020. Before arrival of Baptist Health Lexington's first Covid-19 patient, the COO/CNO placed Infection Control in charge of patient's admitted with suspected Covid-19, organized a daily meeting of physicians, administration, nursing leadership, education and emergency management team. This team was developed for medical staff communication, organization, and communication with nursing, development of screening protocols, etc. for all staff. The GETS/WPS Account Reactivation (in addition to annual reactivation) was completed by Regulatory on March 11, 2020.

To accommodate our CSEPP patients, protect our staff and maintain units so that patients were not moved frequently, three units were converted to negative pressure units. To date, all COVID-19 patients have been maintained on these three units. This process of converting units to negative pressure provided us with 77 negative pressure rooms. All patient care areas were evaluated for negative pressure including Outpatient patient and Ambulatory areas of the hospital.

In preparation for the arrival of patients in the Emergency Room Department (ED), Engineering constructed a temporary door between the ED entrance doors and ED information desk. Hospital/Surgery RNs were relocated to the ED to screen all patients entering the ED. If rooms were available within the ED, suspected COVID patients would be taken to ED 3 treatment rooms all of which were converted to negative pressure. ED staff were updated on PPE requirements daily and in Huddle. Management rounding was also done to ensure everyone was complying with PPE standards. Donning/Doffing posters were placed on all patient doors and throughout the ED. A validation tool was completed by all staff for donning/doffing and CAPR use. Hospitalists Dr. Repass and Dr. Hall provided additional in servicing to all staff to discuss the re-use of N95 masks.

All Units including the ED with potential COVID-19 patients were set up with the appropriate process for donning/doffing of PPE as critiqued by Infection Control. Additional negative pressure rooms were converted on ED 1 side for overflow. COVID negative screen patients were taken to ED treatment rooms. If all ED rooms were full, patients would be taken to an office that was converted to negative pressure. HEPA filters were also placed in two other offices for potential overflow.

The hospital was locked down to only major screening locations. The screening process required a significant amount of coordination of staff and supplies in order to screen all visitors at the hospital. On March 3, 2020, the Governor of KY stopped the visiting options and no visitors were allowed. All communication with facilities was accomplished via cell phone, Zoom, etc. in order to not only update families but allow communication between patients and families based on the patient's condition. Significant signage was placed outside of the hospital and in parking lots to communicate to families and visitors.

Working in conjunction with the Fayette County Emergency Management and Lexington Fire Department, the Zumro tent was deployed along with two additional Zumro tents delivered by Lexington Fire Department on March 27, 2020. The ED physicians developed a process of screening and separating potential COVID + patients if our volume became so large that the inside facilities weren't adequate. The physicians, administration and clinical staff developed, educated and provided staff with protocols for the tents. The ED worked with local EMS to redirect traffic into the Emergency Department for patients arriving by EMS. The Engineering Department set up barriers, Security and the Life Safety Officer were involved in the process. Baptist Lexington requested a visit by the Fire Marshall to review the ED Tents outside of the ED area.

Baptist Lexington received permission from Fayette Emergency Management to use any supplies that were segregated for CSEPP, but also developed strategies for using current supplies in the case of an emergency at the Bluegrass Army Depot. To date, none of the supplies set aside for CSEPP have been utilized. To date the following supplies have been used: 42 boxes of particulate respirator/surgical mask; 276 bottles of hand sanitizer 180Z, 62 each of goggles eye protection and 282 boxes of particular respirator N-95 masks. Besides any supplies received from CSEPP and/or Fayette County, Baptist Health Lexington has maintained Emergency Supplies in addition to what is stated here.

Incident Command meetings are held daily internally and also at the System Level. All meetings are done via WebEx, ZOOM or Skype. Each meeting allows for the consideration of immediate issues and/or opportunities to evaluate the care of patients and also the protection of staff and visitors (when allowed). Main areas that are important to document are our considerations for negative pressure in all areas including outpatient and ambulatory, segregated waiting rooms for isolation purposes, additional sinks for hand hygiene in public areas as well as patient areas, evaluation of opportunities to segregate departments including lock down, consideration for overflow for pandemic patient care for spaces such as recovery rooms, patient exam rooms, and all outpatient and ambulatory areas, Plexiglas was placed in all reception and registration areas where staff have the chance to be in direct contact with an unscreened person with consideration for PPE stations at doors entering the facility. Availability of laboratory testing for COVID was a significant issue. Our hospital worked in conjunction with outside laboratories, UK, U of L, etc. until equipment and supplies were available to ensure as rapid of an identification of COVID patients as possible.

IT, Engineering, Safety, Architect, Risk, etc., were all integral in setting up working processes to care for patients. Our Marketing Department, a very important part of our Incident Command team, has provided ongoing communication to staff through e-mail and posts on our internal Web page, communication to the public and patient families, and an overall valuable resource of communication during this pandemic.

The HICS 200 form is completed daily from Incident Command. To date (6.29.2020), Baptist Lexington has developed 40 new protocols related to COVID-19. These protocols are available to all staff on the hospital's access network. All communications including a Surge Plan have been documented within HICS form 200. Baptist Health Lexington has worked closely with Fayette Emergency Management, City Government, State Government, and within our System to ensure a cohesive and ongoing readiness for patients and protection of staff. Kentucky PPE Status Survey is updated daily. Supplies have been requested from this site on an ongoing and/or as needed basis. WebEOC is updated daily, and throughout the day as requested by the State of KY.

As the Covid pandemic continues, we work through our Incident Command to identify opportunities for communication, education of patients and team work to ensure long term success.

Baptist Health Lexington is requesting exercise credit based on COVID-19 activities that are ongoing. Our experience as a CSEPP hospital provided us with insight and preparation for COVID-19 as we maintain an ongoing relationship with Fayette Emergency Management and Federal CSEPP. Patients are tracked continuously in our electronic health record Epic as well as through reports by the Clinical House Supervisors. The Hospitalists have provided leadership and very effective communication to all of the medical and clinical staff. The Infection Control physicians maintain a practice on site within Baptist Lexington and those physicians are obviously in constant contact and review of our processes. They work in conjunction with the intensivists who are assigned to our ICU units. The management of fatalities has been maintained onsite; however, we have access to refrigerated trucks made available through Fayette Emergency Management as notified on April 4, 2020 by Pat Dugger, EM Director, Fayette County, KY.

(Provide a listing of activities included in your response. Examples could include: activation of a command structure, patient triage, donning/doffing personal protective equipment, provision of treatment, preparation for surge, patient tracking, fatality management, etc.)

This After-Action Review (AAR) validates our response capabilities to a community event and aided us in the identification of gaps and corrective actions that can be addressed.

Evaluator Plan: Co-Director review of After-Action Report

Program Benefit and Annual Exercise Impact: The program benefit is the knowledge that if an actual CSEPP community response was necessary, this facility validated their true capability through their response to a real-world event and not just through an exercise demonstration. Due to the extreme hardship of this pandemic and the uncertainty of our ability to participate in the 2020 CSEPP Exercise, our facility's plan for participation is:

(Provide details of your planned exercise participation. Examples could include: unable to participate due to the impact of COVID-19; activation of a limited command structure for communication with EOC; demonstration of triage and decontamination; participation in an out-of-sequence exercise or training event, etc.)

Exercise Evaluation Guide Tasks	Y	N	Comments/Notes All "No" answers must have a comment.
Establish an Incident Command and/or Join a Unified Command (C.6.1.F)			
Did your facility:	x		Please see above comments
1. Determine incident objectives and strategy to achieve the objectives?			
2. Establish immediate priorities, especially safety, welfare, and accountability, of all people involved in the incident?	X		Please see above comments

Exercise Evaluation Guide Tasks	Y	N	Comments/Notes All "No" answers must have a comment.
3. Coordinate and communicate with key team members (e.g., State and local EOCs, Hospital Command Center)?	X		PPE status electronic reports as well as Web EOC is completed daily. Very open communication with City and State EM.
4. Develop and approve implementation of the written or oral Incident Action Plan?	X		40+ protocols and many policies were developed. All staff have available through electronic Baptist Lexington Home Page (BEN).
5. Direct changes in personnel and resources based on the progression of the incident?	X		Hospitalists are very organized at our hospital, lead/and or engaged in all activities. Intensivists are onsite. Furlough of employees occurred in April when all elective procedures were cancelled. Clinical staff were reallocated for screening, etc. Clinical staff are resuming responsibilities, some were out as little as two weeks.
6. Approve requests for additional resources and requests for release of resources?	X		Equipment, such as extra ventilators, were ordered months before the United States had any COVID-19 patients. Supply chain very engaged and submits daily reports to all hospitals. PPE allocation was directed by Infection Control and hospital MD epidemiologist.
7. Authorize release of information to news media or follow the established process for the jurisdiction (i.e., JIC)?	X		Media communication is part of our Incident Command team. They were engaged before we actually received patients. This includes information to the media, internal signage, all communication to family, mechanisms for patients to talk with family and/or nursing staff to communicate with families on an ongoing basis.
8. Plan for demobilization and ensure demobilization procedures are followed?	X		The tents were demobilized due to the lack of patients but are available if needed.
Communication—Medical Staff (C.6.2.F)			

Exercise Evaluation Guide Tasks	Y	N	Comments/Notes All "No" answers must have a comment.
Did your facility: 9. Transmit and receive ongoing status reports using a bidirectional communication exchange?	X		Daily meetings were set up by the COO/CNO for bidirectional communication on a daily basis, plus communication is very open on a daily basis.
10. Employ internal communications using redundant systems?	X		Multi e-mail routes were set up and are actively used
11. Maintain external communications with all engaged medical agencies and the Emergency Management Structures (i.e., JIC, JIS, and EOC)?	X		Active communication with Fayette EM, State, The Joint Commission. The System and hospital EOC have been involved from the onset
Prepare Medical Treatment Facility to Receive Patients (C.6.3.F)			
Did your facility: 12. Implement current emergency management/pandemic plans?	X		Incident Command was activated on March 16, 2020 and is still activated as of the date of this report.
13. Make arrangements to control access to all entrances and exits?	X		Security is part of EOC, entrances and exits were designated. Signage was put in place at all entrances
14. Identify and isolate potentially infectious patients that self-present to the medical treatment facility unannounced or present themselves outside of regular EMS channels?	X		Emergency Department plan outlined above for patients presenting outside of regular EMS channels.
Triage (C.6.4.F)			
Did your facility: 15. Establish and set up triage location, paying special attention to infection control and access control measures?	X		Please see the detailed plan above. This included the use of the Zumro tent, and additional tents from Fayette County Fire Department who assisted in setting up the tents for triage.
16. Conduct triage of survivors/patients by determining if they present signs and symptoms of COVID-19 infection?	X		Screening protocols were developed for all patients presenting to Baptist Health Lexington
17. Properly don/doff PPE to protect from danger due to biological hazards associated with COVID-19?	X		Don/doff PPE exercises were completed for ED staff, Covid-19 units. Supervised by Infection Control Staff and MD Hospital Epidemiologist.

Exercise Evaluation Guide Tasks	Y	N	Comments/Notes All "No" answers must have a comment.
18. Provide patient-tracking information in accordance with established protocols and procedures?	X		Dashboard in Epic provides patient tracking
Treat Patients at a Medical Treatment Facility (C.6.7.F)			
Did your facility: 19. Provide appropriate medical treatment, ensuring infection control measures, throughout the continuum of care?	X		All patients are screened for COVID-19 at the time of presentation. Patients who present to the ED with COVID-19 are tested as directed by a physician. All patients who are scheduled for surgery are tested for Covid-19.
20. Provide patient tracking and facility bed availability information to the EOC and/or the Emergency Management Agency?	X		EOC receives daily reports from bed tracking. Web EOC is completed daily for bed status
Manage Human Remains (C.6.8.F)			
Did your facility: 21. Implement a mass fatality plan?	X		Yes. Baptist Health Lexington works with Fayette Emergency Management. Their direction was to supply access to refrigerated trucks to the City which were to be located at the UK Medical Center.
22. Comply with reporting requirements for fatalities in accordance with the appropriate plans, state law, etc.?	X		PPE Status for the State, Web EOC and System reporting are all within compliance
23. Respectfully contain and properly store human remains pending arrangements for transfer to a mortuary or other appropriate facility according to recommendations from the local medical examiner?	X		Baptist Health Lexington worked in conjunction with local medical examiner and Fayette Emergency Management.
24. Using patient-tracking procedures, report location and status of the remains to the EOC or Emergency Management System?	X		Daily reports are provided to EOC of the location of the remains of any patient expiring with Covid-19.

Performance Improvement: Recommendations and Corrective Action

1. Based on your response, list the top 3 strengths.

1. Outstanding communication within all areas of the clinical staff for the care of patients. The EOC staff was involved in these daily meetings. All protocols, updated policies, communications, regulatory changes were communicated directly to Incident Command. The nonclinical staff were kept informed via e-mail via directors, text alerts, etc. The nonclinical staff have access to information through our newsletters both local and System as well as through the Baptist Employee Network.
2. Communication with families, media, outside sources. As proof, our Patient Scorecard in communication has increased during the COVID pandemic. We plan to review and continue the use of all available mechanisms to communicate with patients/families after this National Emergency.
3. Ongoing relationship with Fayette and State Emergency Management. Baptist Health Lexington attends all meetings throughout the year and stays in close communication with City and State staff.

2. Based on your response, list the top 3 areas that need improvement.

1. Update the Emergency Operation Plan from lessons learned, expand on our current plan. This won't be completed until after the current State of Emergency in order to review all HICS forms that are completed daily.
2. Supply Chain. The changes are already in progress but we have learned the importance of maintaining supplies above and beyond needed PPE. Efforts are in place to conserve PPE; however, we do not want to relapse after this national emergency so that staff are knowledgeable about the need to conserve PPE in the case of an emergency.
3. Education of the medical staff of the Emergency Operation Plan. They are aware of their responsibilities in responding to the Medical Staff Office when Incident Command is called; however, they need to be more aware of the use of the Incident Command Center for requests such as tents, PPE, etc.

3. Identify the corrective actions that should be taken to address the issues identified above (#2). For each corrective action, indicate if it is a high, medium or low priority, and who should be assigned responsibility for the corrective action.

1. Medium priority. It is assigned to Life Safety Officer
2. Low priority. As long as we remain in a State of Emergency, no additional meetings will take place. However, the VP of Supply Chain Management has already taken steps to ensure that the System's supply chain supports our patient care volume. Manager of Materials Management.
3. Medium priority. After the improvement in our Patient Safety Scores, the Executive Quality Council has recommended follow-up actions so that patients/families receive better communication. Administrative Director of Patient Services.

4. List the applicable equipment, training, policies, plans and procedures that should be reviewed, revised, or developed. Indicate the priority level for each.

- Emergency Operations Plan. Scheduled for update in July 2020. High priority from lessons learned from COVID-19.
- 40 new protocols have been developed at Baptist Health Lexington during Covid-19. New protocols are ongoing as need presents. Low priority.
- 6 new policies have been developed at Baptist Health Lexington during Covid-19. Medium priority review of other current policies for consistency.

5. Lessons Learned and Best Practice Recommendations (optional)

Lessons learned: (obviously many when dealing with a new, national pandemic)

1. Supply chain opportunities. Obviously, every healthcare facility dealt with this but we have plans to ensure that we are not put in the same situation again.
2. The Safety Officer position was shared between two individuals, splitting the days up throughout the week allowed for each individual to be fully recovered and able to perform the duties of the Safety Officer role when activated. However, when all elective procedures were stopped and almost 300 individuals were furloughed, the Safety Officer position at Lexington became one that was furloughed. The Regulatory Manager then assumed both roles full time, spending about 80% of the time as the Life Safety Officer. Our Incident Commander asked for additional alternatives at the beginning of the activation of Incident Command. The hospital needed at least one additional person trained to prevent burnout and fatigue. We can improve this planning aspect in our Incident Command and EOP review this year.
3. Finance Section Chief – The Finance Section Chief was heavily involved from the beginning of the Pandemic. From a Command Center’s position, supplies needed to be purchased and personnel needed to work longer hours. A plan was formed to allocate expenditures and keep a tracking mechanism. The Control Center contacted the Finance Chief throughout the response for needed financial details for requested assets.
4. Zumro Tents – Access to Zumro tents within the Community. We learned that the local fire department had many Zumro tents on hand. They were able to meet the requested capability sent from our Control Center. We received two additional tents – 1 large and 1 small that were setup by the local fireman for our triage/treatment use.
5. ICS Communication – Effective and rapid communication to Fayette Co. EOC and Local Health Department partners lead to the fast acquisition of requested PPE and other resources, especially when the supplies were housed in Fayette County. The highlight of the communication was SNS fulfillment from the local health department, requests were turned around in one day. Using the proper channels of communication allowed all parties to work together seamlessly. WebEOC request status was updated frequently. The State of KY did not have a large stockpile of PPE, which was evident early in our response. Future planning will be underway for KY to invest money in PPE supplies in the future in order to increase preparedness and cut equipment request response time. The State Health Emergency Operations Center (SHOC) did assist in finding potential vendors that we could purchase from if supplies were not available. Our System VP of Distribution has changed purchasing processes in order to have more supplies on hand for the System, obviously from lessons learned from this COVID pandemic.

Best Practices:

1. Team work and routine practice of drills including Fire Drills, Incident Command, Code Pink, Code Red and annual CSEPP. Communication was in place and staff were available and prepared.
2. Converting entire units to negative pressure so that COVID-19 patients could be centralized to locations
3. Daily 8am meeting lead by Nursing/COO/CNO with administrators, physicians, other clinicians, staff, Life Safety, Marketing, etc. to discuss the current status of caring for COVID-19 patients. This was a nurse driven meeting with the objective of giving them an open forum for discussion with all physicians who would be caring for these patients. This meeting was extremely helpful at the beginning of Incident Command due to the dynamic day-to-day nature of the epidemic. New CNC requirements were coming out, protocols were being developed, and Covid-19 tests were being sent to multiple labs as specified by our medical specialists. For a large hospital, high acuity hospital such as Baptist Health Lexington, it was a best practice to have our Medical Specialists (doctors), Executive leadership, Nursing Leadership and Incident Command together to be on the same page for treatment, PPE, testing and status of supplies. An e-mail route was created as well so that communication was ongoing for this team.
4. Bed Czar: The hospitalists "own" this position and became the point of contact for effective movement of patients.
5. All protocols, policies and communication for staff is available on BEN (hospital access network) for all staff to review...one consistent location for all communication. It is titled "Clinical & Operational COVID-19 SharePoint Site"
6. Outstanding Infection Control Leadership. Baptist is accredited by The Joint Commission (TJC). The TJC puts their emphasis on Infection Control and Emergency Management. We greatly benefited from both areas of ongoing expertise.

2020 Exercise Credit for COVID-19 Response

Date of Request: June 26, 2020

Location (facility name): Lexington VA Health Care System (LVAHCS)

Type: COVID-19 Response

Purpose: Demonstrate emergency response capabilities associated with the facility's response to the national pandemic.

Rationale: This response required implementation of elements of the Emergency Operations Plan for a prolonged period of time. These activities included, but were not limited to:

- Activation of Incident Command structure including the following positions: Incident Commander, Public Affairs, Liaison, Operations, Planning, Logistics, Finance, Security Branch, other adhoc positions as determined by the event.
- Manpower Poll activated. These employees assisted with screening before anyone entered the medical Centers
- All Hazards Cache was activated to help support with some of the PPE items that were in short supply
- Patient Triage was performed
- Donning and doffing of PPE for employees in response to caring for a COVID patient, PAPRS were utilized
- Surge capability for Alternate Care Site was reviewing and implemented in order to have beds for COVID patients
- Scaling back and discontinuing noncritical procedures.
- Telehealth and Telemedicine was implemented in order to provide care to patients
(Provide a listing of activities included in your response. Examples could include activation of a command structure, patient triage, donning/doffing personal protective equipment, provision of treatment, preparation for surge, patient tracking, fatality management, etc.)

This After-Action Review (AAR) validates our response capabilities to a community event and aided us in the identification of gaps and corrective actions that can be addressed.

Evaluator Plan: Co-Director review of After-Action Report

Program Benefit and Annual Exercise Impact: The program benefit is the knowledge that if an actual CSEPP community response was necessary, this facility validated their true capability through their response to a real-world event and not just through an exercise demonstration. Due to the extreme hardship of this pandemic and the uncertainty of our ability to participate in the 2020 CSEPP Exercise, our facility's plan for participation is:

With the additional strain and requirements that are necessary in the real-life response to the COVID Pandemic, LVACS will not be able to participate in a CSEPP Exercise. In response to the real-life event, LVAHCS has demonstrated readiness and capabilities needed to demonstrate to a CSEPP Event.

- Three main categories essential to a CSEPP response are being implemented during the response to the COVID Pandemic.
- These include the activation and sustainment of Incident Command, Triage and Triage, and the ability to follow through with Decon.
- Throughout our response to this pandemic we have been having JIT and demonstrating triage, decontamination, and activation of Incident Command. LVAHCS has been in response mode and daily evaluating capabilities.
- Decon Team has had monthly trainings and competencies including donning and doffing, Decon simulation, and initial screening.
- ER has treated actual patients in response to the pandemic, much the same as during an CSEPP event.

(Provide details of your planned exercise participation. Examples could include unable to participate due to the impact of COVID-19; activation of a limited command structure for communication with EOC; demonstration of triage and decontamination; participation in an out-of-sequence exercise or training event, etc.)

Exercise Evaluation Guide Tasks	Y	N	Comments/Notes All "No" answers must have a comment.
Establish an Incident Command and/or Join a Unified Command (C.6.1.F)			
Did your facility:			
25. Determine incident objectives and strategy to achieve the objectives?	X		Initially, incident objectives were established every 24 hours. Currently, they are established weekly.
26. Establish immediate priorities, especially safety, welfare, and accountability, of all people involved in the incident?	X		
27. Coordinate and communicate with key team members (e.g., State and local EOCs, Hospital Command Center)?	X		Liaison Officer was in communication with State and Local EOCs; Director of LVAHCS participated in calls with local officials.
28. Develop and approve implementation of the written or oral Incident Action Plan?	X		Initially, incident objectives were established every 24 hours. Currently, they are established weekly.
29. Direct changes in personnel and resources based on the progression of the incident?	X		Added other leaders in Medical Center as incident unfolded, and to address response as required.

Exercise Evaluation Guide Tasks	Y	N	Comments/Notes All "No" answers must have a comment.
30. Approve requests for additional resources and requests for release of resources?	X		
31. Authorize release of information to news media or follow the established process for the jurisdiction (i.e., JIC)?	X		Public Affairs Officer followed National Guidance on Media Releases. LVAHCS had several articles in local newspaper. Facebook was updated several times a day to communicate immediate changes and/or requirements.
32. Plan for demobilization and ensure demobilization procedures are followed?	X		Demobilization was discussed at beginning of incident. Continually rolling our plans to do a "tiered" phase reopening.
Communication—Medical Staff (C.6.2.F)			
Did your facility:			
33. Transmit and receive ongoing status reports using a bidirectional communication exchange?	X		
34. Employ internal communications using redundant systems?	X		
35. Maintain external communications with all engaged medical agencies and the Emergency Management Structures (i.e., JIC, JIS, and EOC)?	X		
Prepare Medical Treatment Facility to Receive Patients (C.6.3.F)			
Did your facility:			
36. Implement current emergency management/pandemic plans?	X		
37. Make arrangements to control access to all entrances and exits?	X		All entrances were quickly locked down to "PTV" Access only for employees. One main entrance at each location was established for patients where they had to go through a screening process.
38. Identify and isolate potentially infectious patients that self-present to the medical treatment facility unannounced or present themselves outside of regular EMS channels?	X		Patients who were PUIs were quickly isolated in negative patient rooms for testing purposes at the Bowling Division. Sousley Division performed

Exercise Evaluation Guide Tasks	Y	N	Comments/Notes All "No" answers must have a comment.
			everything outdoors in a tent before allowing any patients into the facility.
Triage (C.6.4.F)			
Did your facility: 39. Establish and set up triage location, paying special attention to infection control and access control measures?	X		Patients who were PUIs were quickly isolated in negative patient rooms for testing purposes at the Bowling Division. Soursley Division performed everything outdoors in a tent before allowing any patients into the facility.
40. Conduct triage of survivors/patients by determining if they present signs and symptoms of COVID-19 infection?	X		All Patients screened.
41. Properly don/doff PPE to protect from danger due to biological hazards associated with COVID-19?	X		Refresher training and signage posted as reminders
42. Provide patient-tracking information in accordance with established protocols and procedures?	X		Tracers completed to ensure compliance with CDC guidance.
Treat Patients at a Medical Treatment Facility (C.6.7.F)			
43. Provide appropriate medical treatment, ensuring infection control measures, throughout the continuum of care?	X		Tracers completed to ensure compliance with CDC guidance.
44. Provide patient tracking and facility bed availability information to the EOC and/or the Emergency Management Agency?	X		
Manage Human Remains (C.6.8.F)			
Did your facility: 45. Implement a mass fatality plan?	X		LVAHCS had Fatality Plan in place. A handling of COVID + Patient remains was also developed in response to the pandemic.
46. Comply with reporting requirements for fatalities in accordance with the appropriate plans, state law, etc.?	X		

Exercise Evaluation Guide Tasks	Y	N	Comments/Notes All "No" answers must have a comment.
47. Respectfully contain and properly store human remains pending arrangements for transfer to a mortuary or other appropriate facility according to recommendations from the local medical examiner?	X		
48. Using patient-tracking procedures, report location and status of the remains to the EOC or Emergency Management System?			N/A

2020 Exercise Credit for COVID-19 Response

Date of Request: June 26, 2020

Location: University of Kentucky HealthCare (Chandler and Good Samaritan Hospitals)

Type: COVID-19 Response

Purpose: Demonstrate emergency response capabilities associated with the facility's response to the national pandemic.

Rationale: This response required implementation of elements of the Emergency Operations Plan for a prolonged period of time. These activities included, but were not limited to:

Activated HICS, Setup surge tent for isolation and patient triage, initiated surge protocols, trained additional staff on proper donning and doffing technique including mass fit testing for N95 use, implemented patient tracking procedures to ensure COVID patients were cohorted, developed and implemented donning/doffing of PPE, created morgue surge protocols to prep for fatality influx, established 2 way communication streams with neighboring hospitals and government entities, utilized lockdown and screening measures to control and reduce the influx of people into the facility, developed fire response plan for COVID floor due to increase amount of patient care items and staff, including guards in the hallways, stood up alternate care site for surge prep, set up and implemented employee/vendor screening in person and later automated through technology, developed and implemented drive through COVID testing for employees.

This After-Action Review (AAR) validates our response capabilities to a community event and aided us in the identification of gaps and corrective actions that can be addressed.

Evaluator Plan: Co-Director review of After-Action Report

Program Benefit and Annual Exercise Impact: The program benefit is the knowledge that if an actual CSEPP community response was necessary, this facility validated their true capability through their response to a real-world event and not just through an exercise demonstration. Due to the extreme hardship of this pandemic and the uncertainty of our ability to participate in the 2020 CSEPP Exercise, our facility's plan for participation is:

Unable to participate due to the impact of COVID 19.

2020 Exercise Credit for COVID-19 Response

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Unable to participate due to the impact of COVID 19.

Exercise Evaluation Guide Tasks	Y	N	Comments/Notes All "No" answers must have a comment.
Establish an Incident Command and/or Join a Unified Command (C.6.1.F)			
Did your facility:	Y		
1. Determine incident objectives and strategy to achieve the objectives?	Y		
2. Establish immediate priorities, especially safety, welfare, and accountability, of all people involved in the incident?	Y		
3. Coordinate and communicate with key team members (e.g., State and local YVEOCs, Hospital Command Center)?	Y		
4. Develop and approve implementation of the written or oral Incident Action Plan?	Y		
5. Direct changes in personnel and resources based on the progression of the incident?	Y		
6. Approve requests for additional resources and requests for release of resources?	Y		
7. Authorize release of information to news media or follow the established process for the jurisdiction (i.e., JIC)?	Y		
8. Plan for demobilization and ensure demobilization procedures are followed?		N	We demobilized but didn't have a real plan that fit this situation
Communication—Medical Staff (C.6.2.F)			
Did your facility:			
9. Transmit and receive ongoing status reports using a bidirectional communication exchange?	Y		

Exercise Evaluation Guide Tasks	Y	N	Comments/Notes All "No" answers must have a comment.
10. Employ internal communications using redundant systems?	Y		
11. Maintain external communications with all engaged medical agencies and the Emergency Management Structures (i.e., JIC, JIS, and EOC)?	Y		
Prepare Medical Treatment Facility to Receive Patients (C.6.3.F)			
Did your facility:	Y		
12. Implement current emergency management/pandemic plans?			
13. Make arrangements to control access to all entrances and exits?	Y		
14. Identify and isolate potentially infectious patients that self-present to the medical treatment facility unannounced or present themselves outside of regular EMS channels?	Y		
Triage (C.6.4.F)			
Did your facility:	Y		
15. Establish and set up triage location, paying special attention to infection control and access control measures?			
16. Conduct triage of survivors/patients by determining if they present signs and symptoms of COVID-19 infection?	Y		
17. Properly don/doff PPE to protect from danger due to biological hazards associated with COVID-19?	Y		
18. Provide patient-tracking information in accordance with established protocols and procedures?	Y		
Treat Patients at a Medical Treatment Facility (C.6.7.F)			
Did your facility:	Y		
19. Provide appropriate medical treatment, ensuring infection control measures, throughout the continuum of care?			

Exercise Evaluation Guide Tasks	Y	N	Comments/Notes All "No" answers must have a comment.
20. Provide patient tracking and facility bed availability information to the EOC and/or the Emergency Management Agency?	Y		
Manage Human Remains (C.6.8.F)			
Did your facility:		N	Prepped and had ready, but did not have to implement.
21. Implement a mass fatality plan?			
22. Comply with reporting requirements for fatalities in accordance with the appropriate plans, state law, etc.?	Y		
23. Respectfully contain and properly store human remains pending arrangements for transfer to a mortuary or other appropriate facility according to recommendations from the local medical examiner?	Y		
24. Using patient-tracking procedures, report location and status of the remains to the EOC or Emergency Management System?	Y		

Performance Improvement: Recommendations and Corrective Action
<p>1. Based on your response, list the top 3 strengths.</p> <ol style="list-style-type: none"> 1) Establish immediate priorities, especially safety, welfare, and accountability, of all people involved in the incident. 2) Approve requests for additional resources and requests for release of resources. 3) Provide appropriate medical treatment, ensuring infection control measures, throughout the continuum of care.
<p>2. Based on your response, list the top 3 areas that need improvement.</p> <ol style="list-style-type: none"> 1) Develop Standard Operating Procedures (SOP) for operations that were developed like child care, screening of staff/patients and visitors, locking down the facility. 2) Rework HICS org chart based on current organization structure. 3) Explore options for IC positional change out in 8-12 hour shifts.
<p>3. Identify the corrective actions that should be taken to address the issues identified above</p> <ol style="list-style-type: none"> 1. We are conducting Qualtrics survey to elicit preliminary information on strengths/opportunities, having a "hotwash" for refining and assigning teams to develop SOP's on the processes that were implemented. High Priority in progress. 2. EM director and Administrative Coordinator will work with hospital administration to re-work IC org chart based on their needs and feedback from the hotwash. High Priority 3. Develop a proposal for review of what an IC schedule would look like for short and long term events. Medium Priority based on the two above 4. SOP development from Teams that were put in place. High Priority for teams in case of a second wave 5. Training for IC Leadership (Should be high but probably med priority based on other needs)

<p>(#2). For each corrective action, indicate if it is a high, medium or low priority, and who should be assigned responsibility for the corrective action</p>
<p>4. List the applicable equipment, training, policies, plans and procedures that should be reviewed, revised, or developed. Indicate the priority level for each.</p> <p>Determine if additional UV light training is needed or if just in time training is the preferred. Medium Priority</p> <p>Above SOP's may have training requirements. High Priority if they are determined to be needed.</p> <p>After hotwash additional equipment or supplies may be needed.</p> <p>Additional thermometers (touchless) may be needed</p>
<p>5. Lessons Learned and Best Practice Recommendations (optional)</p> <p>Best Practices:</p> <p>The daily briefing, that we are still utilizing today.</p> <p>Electronic Screening, that we are still using today</p> <p>Lessons Learned to date: Field house – We can probably only staff for 200 beds without outside staffing help.</p>

Performance Improvement: Recommendations and Corrective Action

1. Based on your response, list the top 3 strengths.

1. Leadership Support—Was there at initial activation and has continued to participate and support response
2. ER Response—Quickly had teams ready to go and response to patients
3. Telehealth and Telemedicine—Great and quick transition to providing telehealth visits for the care of the patients

2. Based on your response, list the top 3 areas that need improvement.

1. Departments doing business as usual, including decision making processes, without bringing to Incident Command
2. Difficulty in obtaining laptops and other electronic equipment for those employees who were sent to telework
3. Manpower Pool employees not reporting to work, and no communication from their Supervisor to replace.

3. Identify the corrective actions that should be taken to address the issues identified above (#2). For each corrective action, indicate if it is a high, medium or low priority, and who should be assigned responsibility for the corrective action.

1. Reminders and JIT on Incident Command process of all decisions must go through IC. Corrected, and runs smoothly now
2. Decision to transition all employees to laptop throughout, in order to have needed equipment for telework. In progress now.
3. Dedicated one FTE to oversee Manpower Pool as POC for employee in Manpower Pool to communicate to. Corrected

4. List the applicable equipment, training, policies, plans and procedures that should be reviewed, revised, or developed. Indicate the priority level for each.

1. Pandemic/Infectious Disease Policy—review/revise based on response HIGH Priority
2. IT Equipment needed for Telework—Moderate Priority
3. Inventory Assessment—lots of new things acquired due to response, and needs to be captured in an Inventory list for Pandemic—Low Priority

5. Lessons Learned and Best Practice Recommendations (optional)

BEST PRACTICES:

Response to Surge.

- Created space in the facility, reconfiguring rooms and units to accommodate 60 extra beds at minimum within the two divisions. Can have capacity to have more beds if cohorting patients.
- Have the capability of having additional capacity with cots.
- LVAHCS was designated as Regional Center for our Veteran Patients within VISN 9

Childcare for Employees:

- Established a contract with Central KY YMCA for our employees to have a location for childcare due to the daycares shutting down. LVAHCS assisted with funding of this due to the unexpected cost of childcare during a school year. This had never been done at any VA across the Nation. The process was then shared and adopted by other VAs throughout the nation.

COVID Testing:

- Our Clinical Laboratory is able to perform COVID Testing inhouse, both screening and antibody testing. This allows us to test patients quickly so treatment plans can be established quickly based on results
- Have began offering testing for our employees.

LESSONS LEARNED:

- We need to plan and exercise for a marathon. All exercises have been "sprints", a short time event. This Pandemic Evet has no end in sight
- Establish "rules of Conduct" for regular supervisors and Service Chiefs. This will establish the authority of the Incident Command and chain of command.

2020 Exercise Credit for COVID-19 Response

Date of Request: July 2020

Location (facility name): SJE ED

Type: COVID-19 Response

Purpose: Demonstrate emergency response capabilities associated with the facility's response to the national pandemic.

Rationale: This response required implementation of elements of the Emergency Operations Plan for a prolonged period of time. These activities included, but were not limited to:

___ Activation of an internal command center, Covid surge preparedness, mobilization of additional personnel for surge preparedness, cross-training of additional personnel from a variety of departments for emergency management of potential surge, implementation of processes/protocols/contingencies for external triage/assessment/disposition from a mobile tent, to segregated isolation areas, to inpatient, constant review & revision of PPE donning/doffing/preservation, implementation of screening & segregation of potential covid candidates, implementation of intensive tracking of segregated respiratory complaints & covid testing, review & implementation of processes & protocols related to deceased covid patients, ongoing education & monitoring of employee exposure & infectious vector pathways, implementation & training related to protected code blue response with potentially infected patients_____

(Provide a listing of activities included in your response. Examples could include: activation of a command structure, patient triage, donning/doffing personal protective equipment, provision of treatment, preparation for surge, patient tracking, fatality management, etc.)

This After-Action Review (AAR) validates our response capabilities to a community event and aided us in the identification of gaps and corrective actions that can be addressed.

Evaluator Plan: Co-Director review of After-Action Report

Program Benefit and Annual Exercise Impact: The program benefit is the knowledge that if an actual CSEPP community response was necessary, this facility validated their true capability through their response to a real-world event and not just through an exercise demonstration. Due to the extreme hardship of this pandemic and the uncertainty of our ability to participate in the 2020 CSEPP Exercise, our facility's plan for participation is: ___ Unable to participate due to the impact of COVID-19; we continue to exercise a vast variety of elements that would be present during a CSEPP drill, including but not limited to facility-wide and department-specific strategies for mitigating exposure, communication and

updates with regional emergency management, rapidly treating & isolating affected patients, decontaminating areas and equipment affected during the response, and reassessing, revising, and reeducating in accordance with CDC and regional guidelines. These efforts are continuous and ongoing.____

(Provide details of your planned exercise participation. Examples could include: unable to participate due to the impact of COVID-19; activation of a limited command structure for communication with EOC; demonstration of triage and decontamination; participation in an out-of-sequence exercise or training event, etc.)

Exercise Evaluation Guide Tasks	Y	N	Comments/Notes All "No" answers must have a comment.
Establish an Incident Command and/or Join a Unified Command (C.6.1.F)			
Did your facility:	Y		
49. Determine incident objectives and strategy to achieve the objectives?	Y		
50. Establish immediate priorities, especially safety, welfare, and accountability, of all people involved in the incident?	Y		
51. Coordinate and communicate with key team members (e.g., State and local EOCs, Hospital Command Center)?	Y		
52. Develop and approve implementation of the written or oral Incident Action Plan?	Y		
53. Direct changes in personnel and resources based on the progression of the incident?	Y		
54. Approve requests for additional resources and requests for release of resources?	Y		
55. Authorize release of information to news media or follow the established process for the jurisdiction (i.e., JIC)?	Y		
56. Plan for demobilization and ensure demobilization procedures are followed?	Y		
Communication—Medical Staff (C.6.2.F)			

Exercise Evaluation Guide Tasks	Y	N	Comments/Notes All "No" answers must have a comment.
Did your facility: 57. Transmit and receive ongoing status reports using a bidirectional communication exchange?	Y		
58. Employ internal communications using redundant systems?	Y		
59. Maintain external communications with all engaged medical agencies and the Emergency Management Structures (i.e., JIC, JIS, and EOC)?	Y		
Prepare Medical Treatment Facility to Receive Patients (C.6.3.F)			
Did your facility: 60. Implement current emergency management/pandemic plans?	Y		
61. Make arrangements to control access to all entrances and exits?	Y		
62. Identify and isolate potentially infectious patients that self-present to the medical treatment facility unannounced or present themselves outside of regular EMS channels?	Y		
Triage (C.6.4.F)			
Did your facility: 63. Establish and set up triage location, paying special attention to infection control and access control measures?	Y		
64. Conduct triage of survivors/patients by determining if they present signs and symptoms of COVID-19 infection?	Y		
65. Properly don/doff PPE to protect from danger due to biological hazards associated with COVID-19?	Y		
66. Provide patient-tracking information in accordance with established protocols and procedures?	Y		
Treat Patients at a Medical Treatment Facility (C.6.7.F)			

Exercise Evaluation Guide Tasks	Y	N	Comments/Notes All "No" answers must have a comment.
Did your facility: 67. Provide appropriate medical treatment, ensuring infection control measures, throughout the continuum of care?	Y		
68. Provide patient tracking and facility bed availability information to the EOC and/or the Emergency Management Agency?	Y		
Manage Human Remains (C.6.8.F)			
Did your facility: 69. Implement a mass fatality plan?	Y		
70. Comply with reporting requirements for fatalities in accordance with the appropriate plans, state law, etc.?	Y		
71. Respectfully contain and properly store human remains pending arrangements for transfer to a mortuary or other appropriate facility according to recommendations from the local medical examiner?	Y		
72. Using patient-tracking procedures, report location and status of the remains to the EOC or Emergency Management System?	Y		

Performance Improvement: Recommendations and Corrective Action

1. Based on your response, list the top 3 strengths.

1. Robust internal command structure
2. Multidisciplinary approach for surge preparedness and resource allocation
3. Ongoing reassessment & revision of policies and procedures as new guidance was provided by CDC and regional actors

2. Based on your response, list the top 3 areas that need improvement.

1. Better “downstream” communication of process & policy changes
2. Better “upstream” communication of challenges and complications to regional emergency management
3. More succinct training and auditing for compliance of guidelines and policies by frontline staff

3. Identify the corrective actions that should be taken to address the issues identified above (#2). For each corrective action, indicate if it is a high, medium or low priority, and who should be assigned responsibility for the corrective action.

1. Medium priority; responsibility of communication is multidisciplinary; from administration to infection prevention to direct departmental emergency management. Although this is ranked as an area that needs improvement, this is something that has already been addressed, but will continue to be an area where improvements could always be made, whether that is in availability of messaging, or “over-communication” (similar to alarm fatigue), wherein essential messaging is lost within the milieu of an ever-changing process.

2. Medium priority; again, responsibility of upstream communication is also multidisciplinary, and involves house administration, administration, and departmental emergency management, to better communicate specific facility struggles to the division of emergency management and bluegrass hospital group. This is an ongoing challenge, and has been discussed in various meetings related to “lessons learned” around local covid response.

3. High priority; responsibility falls to direct unit management, to audit personnel practices and adherence to policy, as well as monitoring ongoing competencies with PPE use, covid screening, and personal protection.

<p>4. List the applicable equipment, training, policies, plans and procedures that should be reviewed, revised, or developed. Indicate the priority level for each.</p> <ol style="list-style-type: none">1. Medium Priority: Covid/isolation policy; under constant revision secondary to developing guidance from state and federal agencies2. High Priority: Ongoing training related to proper use and preservation of PPE3. Low Priority: Review of procedures for obtaining "walk-in" Covid testing requests where there is no clinical indication (asymptomatic)4. Low Priority: Development of a policy related to non-facility employee testing secondary to suspected exposure (contracted employees)5. Low Priority: Same as above #5, but related to incidental exposure for EMS crews, similar to bloodborne pathogen exposure en-route6. Low Priority: Policy regarding POA/Immediate Family/Patient Representative access to suspected or confirmed Covid patients who have either expired, or need assistance to navigate their healthcare7. Low Priority: Plans for protected transport of long-term care facility patients who are Covid-positive, or presumed, after discharge, back to their respective facilities8. Medium Priority: Plans for what will trigger a secondary command center and surge response for possible future surges this Fall
<p>5. Lessons Learned and Best Practice Recommendations (optional)</p> <p>Lessons learned are many; better lateral communication, more succinct education to outlying facilities and medical office staff, facility readiness for future events in terms of negative pressure room availability, increased ICU bedding availability, and areas for respiratory/presumed covid segregation, ongoing education and reassessment of employee compliance with infection control policies & procedures, and the need for a more formal safety/hazard response point person beyond direct ED management (similar to what other facilities employ).</p>

2020 Exercise Credit for COVID-19 Response

Date of Request: 6/10/20

Location (facility name): Eastern State Hospital
1350 Bull Lea Road
Lexington, KY 40511
859-246-8000

Type: COVID-19 Response

Purpose: Demonstrate emergency response capabilities associated with the facility's response to the national pandemic.

Rationale: This response required implementation of elements of the Emergency Operations Plan for a prolonged period of time. These activities included, but were not limited to:

1. Activation of Incident Command
 - a. Assignment of IC positions
 - b. Creating rotation of IC positions staffing
 - c. Creating ESH IC distribution email address for staff to communicate concerns
 - d. Implemented effective staff communications
2. Shared Incident Command with UK HealthCare Incident Command
 - a. Assignment of ESH Incident Commander to UK HealthCare Incident Command
 - b. Integrated practices and procedures consistent with UK HealthCare
 - c. Reported ESH status within UK HealthCare Incident Command
 - d. Worked closely with UK Supply Chain to assure PPE, cleaning supplies, and patient supply levels were not disrupted.
 - e. Reported directly with UK HealthCare IPAC Incident Command to receive PPE for staff as needed.
3. Revision of patient triage procedures
4. Creation of staff screening procedures
5. Preparation of COVID-19 PUI area converting non-patient area into patient area utilizing Life Safety measures
6. Preparation of COVID-19 unit
 - a. Move W1 patients to Wendell 2
 - b. Convert W1 East wing to COVID positive wing

- c. Convert W1 West wing to COVID PUI wing
- 7. Enhanced facility Infection Control Plans
 - a. Donning/doffing of personal protective equipment
 - b. Limiting staff entrances to one
 - c. Enhanced staff screening
 - d. Revision of Recovery Mall groups
 - e. Revision of patient dining rooms
 - f. Revision of staff dining room
 - g. Reducing staff movement between units
 - h. Converting or offering telecommuting opportunities to staff who could perform their work from home to reduce number of staff occupying the building.
 - i. Shut down water fountains
- 8. Utilizing WebEOC to procure emergency supplies
 - a. Zumro tent
 - b. N95 masks
 - c. Hand Sanitizer
- 9. Utilized WebEOC reporting
 - a. Bed availability
 - b. COVID-19 patients
 - i. Positive
 - ii. PUI
 - iii. Recovered
 - iv. Discharged
 - c. Staffing Levels
 - d. Ventilator availability
 - e. Diversion status
 - f. Visitation status

This After-Action Review (AAR) validates our response capabilities to a community event and aided us in the identification of gaps and corrective actions that can be addressed.

Evaluator Plan: Co-Director review of After-Action Report

Program Benefit and Annual Exercise Impact: The program benefit is the knowledge that if an actual CSEPP community response was necessary, this facility validated their true capability through their response to a real-world event and not just through an exercise demonstration. Due to the extreme hardship of this pandemic and the uncertainty of our ability to participate in the 2020 CSEPP Exercise, our facility's plan for participation is:

Eastern State Hospital will not be available to participate in the September 2020 CSEPP drill as all available resources are currently being utilized to respond to the COVID-19 pandemic. Current pandemic response and unforeseen continued efforts will limit our available response space and staff:

- Hospital Incident Command remains active for the pandemic and other arising issues.
- Gymnasium has been converted to a patient holding area for those to be admitted but awaiting lab results.
- One previously unoccupied unit has been converted to COVID-19 positive unit.
- One previously unoccupied unit has been converted and dedicated to surge availability.
- Two long term care units have been reserved by the facility owner, Department of Behavioral Health, for surge use.
- Staffing remains at critical level. Additional staff to assist with care of CSEPP evacuees would be extremely limited.
- In coordination with UK HealthCare, should additional patient space be needed at UK Samaritan Hospital, ESH would accept their behavioral health patients into the ESH facility further reducing patient bed capacity.
- Due to the nature of COVID-19, ESH is limiting access to outside agencies, individuals, visitors, etc. onto the campus, at this time it is not feasible to anticipate when these measures will be lifted.

Exercise Evaluation Guide Tasks	Y	N	Comments/Notes All "No" answers must have a comment.
Establish an Incident Command and/or Join a Unified Command (C.6.1.F)			
Did your facility: 73. Determine incident objectives and strategy to achieve the objectives?	X		Incident Command determined objectives and strategies to safely continue to provide behavioral health services to the community during the pandemic. These objectives and strategies were reviewed and revised at the beginning of each meeting, throughout the day if needed, and

Exercise Evaluation Guide Tasks	Y	N	Comments/Notes All "No" answers must have a comment.
			throughout the pandemic as new evidence and situational awareness became available. CDC, State, UK HealthCare Incident Command, UK HealthCare Infection Control, and Fayette County Health Department were consulted and guidelines implemented.
74. Establish immediate priorities, especially safety, welfare, and accountability, of all people involved in the incident?	X		ESH Incident Command established priorities to address the pandemic: Control and contain spread of virus utilizing screening procedures. Remain vigilant of updated guidelines to control spread of virus and implement improvements as recommended. Remain vigilant to availability of testing.
75. Coordinate and communicate with key team members (e.g., State and local EOCs, Hospital Command Center)?	X		<ul style="list-style-type: none"> ○ UK HealthCare Incident Command ○ UK HealthCare Infection Control ○ Lexington Fayette Co. Dept. of Emergency Mgmt. ○ Bluegrass Healthcare Coalition ○ Lexington Fire Department (Zumro Tent) ○ US Department of Health & Human Services (requested reporting) ○ Department of Behavioral Health, Developmental and Intellectual Disabilities Facility Command Meetings ○ Area referring facilities to coordinate safe transport (encouraging social distancing and appropriate screening of those being sent to ESH)

Exercise Evaluation Guide Tasks	Y	N	Comments/Notes All "No" answers must have a comment.
			<input type="checkbox"/> As testing becomes more readily available, coordination with other facilities to assure testing is done before transfer to ESH
76. Develop and approve implementation of the written or oral Incident Action Plan?	X		Incident Command assigned leaders to develop and document action plans for identified concerns to be presented to Incident Command for approval at prescribed time. Incident Command issued timeline for implementation and reporting. Review of new procedures reviewed and revised, as needed, after implementation.
77. Direct changes in personnel and resources based on the progression of the incident?	X		Incident Command supervised recommended personnel and resource impact: <ol style="list-style-type: none"> 1. Established rotation of Incident Command positions. 2. Created new screening protocol for patient intake area. 3. Created new intake area for individuals with suspected exposure and/or symptoms. 4. Created screening for staff prior to reporting for duty. 5. Restricted staff entrance to one location. 6. Ceased visitation. 7. Requested volunteer staff to work COVID-19 unit. 8. Requested volunteer staff to train as spotter for donning/doffing on COVID-19 unit. 9. Created donning/doffing education and training for staff. 10. Created training for use of PAPRs. 11. Revised Recovery Mall classes to be held on unit, restricted size of class, etc.

Exercise Evaluation Guide Tasks	Y	N	Comments/Notes All "No" answers must have a comment.
			12. Revised dining procedures for patients and staff within social distancing guidelines. 13. Demarcated social distancing indicators placed in areas to increase awareness: staff entrance while awaiting temperature screening, elevators, dining room serving line, etc. 14. Placement of Plexiglas barriers at Welcome Desk to increase Infection Control measures. 15. Reviewed PPE current supply, allocations and availability from UK Warehouse. 16. Revised use of PPE in accordance to CDC guidance to assist in relieving shortages: Isolation masks, N-95 masks, Isolation gowns, Face shields, Eye shields, etc. 17. Revised Code Yellow to define levels of Code Yellow and staff responsibility. 18. Assuring availability of crash carts in newly utilized areas. 19. Revised Code Blue response due to pandemic.
78. Approve requests for additional resources and requests for release of resources?	X		Additional resources were required by the facility. Incident Command approval given and resources obtained: <ol style="list-style-type: none"> 1. Zumro Tent—Lexington Fire Department thru Fayette Co. Department of Emergency Management and Bluegrass Healthcare Coalition 2. N-95 masks—Bluegrass Healthcare Coalition, Fayette Co. Department of Emergency Management, Fayette County

Exercise Evaluation Guide Tasks	Y	N	Comments/Notes All "No" answers must have a comment.
			<p>Health Department, Fayette County School System Security Department (delivery)</p> <p>3. Isolation masks—Bluegrass Healthcare Coalition, Fayette Co. Department of Emergency Management, Fayette County Health Department, Fayette County School System Security Department (delivery)</p> <p>4. Hand Sanitizer—Bluegrass Healthcare Coalition, Fayette Co. Department of Emergency Management, Fayette County Health Department, Fayette County School System Security Department (delivery)</p> <p>5. Isolation masks—UK HealthCare Infection Control</p> <p>6. N95's provided by UK Healthcare Supply Chain.</p> <p>7. Donated masks from community</p> <p>8. Face Shields donated by BCTC</p> <p>There were no requests for resources to assist outside facilities.</p>
79. Authorize release of information to news media or follow the established process for the jurisdiction (i.e., JIC)?	X		<p>ESH PIO followed ESH policies and procedures by coordinating information release to staff in coordination with ESH Incident Commander and UK HealthCare and DBHDID. Eastern State Hospital is managed by UK HealthCare under contract with Kentucky's Department for Behavioral Health, Developmental and Intellectual Disabilities. All information presented to the media must receive approval from all aforementioned entities.</p> <p>ESH Social Work Department was given guidance by Incident Command to inform families and</p>

Exercise Evaluation Guide Tasks	Y	N	Comments/Notes All "No" answers must have a comment.
			guardians of visitation restrictions due to the pandemic.
80. Plan for demobilization and ensure demobilization procedures are followed?	X		As the pandemic evolves, waxing and waning, Incident Command assigns tasks to demobilize equipment and revising procedures. Plans to re-establish Recovery Mall group programs in their original classrooms and to return the gymnasium to its original condition/purpose are ongoing. Access to the Wendell staff entrance will not be re-established until the gymnasium has been restored to its original condition/purpose. Wendell I temporary walls will be removed by PPD and returned to UKPPD (rented) or stored in the ESH Warehouse (purchased) as indicated. EVS has developed plans during prior emergencies to perform terminal clean of the areas utilized during the pandemic. Materials Management, Pharmacy and Food & Nutrition will remove supplies from these areas per departmental procedures. Medical Equipment Coordinator will return any loaned equipment to its original location.
Communication—Medical Staff (C.6.2.F)			
Did your facility: 81. Transmit and receive ongoing status reports using a bidirectional communication exchange?	X		Bidirectional status reports were made utilizing phone, email, WebEOC, and UK Police Radio in communications with: <ul style="list-style-type: none"> • Kentucky Healthcare Preparedness Program Manager, Region 5 • US Dept. of Health & Human Services • Fayette County Health Department • UK HealthCare Incident Command • UK HealthCare Infection Control

Exercise Evaluation Guide Tasks	Y	N	Comments/Notes All "No" answers must have a comment.
			<ul style="list-style-type: none"> • Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities
82. Employ internal communications using redundant systems?	X		<ul style="list-style-type: none"> • UK Communications from Dr. Newman, Executive VP for Health Affairs • ESH Incident Command Emails • ESH Incident Command Distribution Group Emails • UK Police Department • UK PPD • UK Warehouse • ESH Daily Huddle
83. Maintain external communications with all engaged medical agencies and the Emergency Management Structures (i.e., JIC, JIS, and EOC)?	X		Daily communications thru WebEOC.
Prepare Medical Treatment Facility to Receive Patients (C.6.3.F)			
Did your facility: 84. Implement current emergency management/pandemic plans?	X		Eastern State Hospital is an acute behavioral health hospital providing limited medical treatment. As such, current policy is to refer all patients requiring medical assistance beyond Eastern State Hospital's scope of practice to be referred to an acute care hospital. Areas of care for PUI (patients under investigation) and COVID-19 positive patients with minimal medical symptoms and needs have been created to assure infection control in a more communal setting. If medical needs outside the scope of practice are needed for pandemic patients, transfer to an acute medical facility will be arranged.
85. Make arrangements to control access to all entrances and exits?			Eastern State Hospital utilizes a badge access system to provide enhanced facility security. All entrances

Exercise Evaluation Guide Tasks	Y	N	Comments/Notes All "No" answers must have a comment.
	X		other than the main entrance have had badge access removed to assure staff comply with the infection control screen process. Visitation suspended during pandemic. Vendors must check in with Security and make arrangements for dock deliveries.
86. Identify and isolate potentially infectious patients that self-present to the medical treatment facility unannounced or present themselves outside of regular EMS channels?	X		Procedures to screen all individuals outside the Admissions Intake Area prior to entering the building have been developed to screen for symptoms and fever regardless of mode of presentation. No unauthorized entry is available at this entrance (Security must provide access).
Triage (C.6.4.F)			
<p>Did your facility:</p> <p>87. Establish and set up triage location, paying special attention to infection control and access control measures?</p>	X		<p>The gymnasium was established as a triage location for those presenting for admission exhibiting symptoms or having a fever. This area is used to evaluate for admission, perform COVID-19 testing and await results. Infection Control and Life Safety measures were implemented.</p> <p>Subsequently, Wendell 1 has been established as use for COVID-19 PUI and positive patients to further enhance infection control measures including better seclusion of positive patients.</p>
88. Conduct triage of survivors/patients by determining if they present signs and symptoms of COVID-19 infection?	X		Only one recent positive patient has been identified as of 6/9/20. Plans are in place to closely monitor recovering patients thru appropriate discharge. Infection Control reports positive results to Fayette County Health Department who will also provide monitoring.
89. Properly don/doff PPE to protect from danger due to biological hazards associated with COVID-19?	X		Prior to opening the gymnasium and Wendell 1 areas, staff education was created and presented to

Exercise Evaluation Guide Tasks	Y	N	Comments/Notes All "No" answers must have a comment.
			those working in these areas. Spotter training was also provided to increase infection Control measures. Staff working in the area were encouraged to keep an extra set of clothing at work in case a breach in the donning/doffing procedure was observed. Showers are available on the Wendell 1 unit for staff use.
90. Provide patient-tracking information in accordance with established protocols and procedures?		X	No patients have been seen as of 6/9/20 requiring patient-tracking. ESH IPAC reports as required to the Lexington Health Department for staff or patient tracking.
Treat Patients at a Medical Treatment Facility (C.6.7.F)			
Did your facility: 91. Provide appropriate medical treatment, ensuring infection control measures, throughout the continuum of care?	X		PUI and COVID-19 positive patients were provided appropriate care throughout their admission. All usual medical, psychology and rehab treatments continued with adjustments made to enhance infection control and prevention guidelines.
92. Provide patient tracking and facility bed availability information to the EOC and/or the Emergency Management Agency?	X		Daily updates were made to WebEOC regarding bed availability, number of possible infections, positive infections and staff status.
Manage Human Remains (C.6.8.F)			
Did your facility: 93. Implement a mass fatality plan?		X	COVID-19 positive patients with severe symptoms requiring treatment above and beyond those available at Eastern State Hospital would be transferred to an acute medical facility. Only those who are asymptomatic should be undergoing treatment at this facility. A mass fatality plan would not be indicated.
94. Comply with reporting requirements for fatalities in accordance with the appropriate plans, state law, etc.?		X	No COVID-19 fatalities have occurred as of 6/9/2020. However, Risk Management reports all

Exercise Evaluation Guide Tasks	Y	N	Comments/Notes All "No" answers must have a comment.
			fatalities to the appropriate entities as required by policy and state laws.
95. Respectfully contain and properly store human remains pending arrangements for transfer to a mortuary or other appropriate facility according to recommendations from the local medical examiner?		X	No COVID-19 fatalities have occurred as of 6/9/2020 to require such arrangements. However, it is the practice of Eastern State Hospital to provide dignity and respect to the remains of any deceased patient and arrange transfer to a mortuary following the local medical examiner's recommendations. Additionally, patients who experienced long term admission are given a memorial services in the ESH Chapel if requested by family or staff.
96. Using patient-tracking procedures, report location and status of the remains to the EOC or Emergency Management System?		X	No COVID-19 fatalities have occurred as of 6/9/2020. KY ReadyOps would be a means of providing such patient tracking and ESH staff have been trained on its use.

Performance Improvement: Recommendations and Corrective Action	
1.	<p>Based on your response, list the top 3 strengths.</p> <ul style="list-style-type: none"> A. Implementation and use of ESH Incident Command structure. B. Implementation and use of coordinated Incident Command structure with UK HealthCare. C. Ability to utilize communications to procure resources.
2.	<p>Based on your response, list the top 3 areas that need improvement.</p> <ul style="list-style-type: none"> A. Written procedure for pandemic screening. B. Additional staff trained to utilize communication systems WebEOC and ReadyOps. C. Written plan to convert gymnasium (non-patient care area) into a patient care area utilizing Life Safety measures.
3.	<p>Identify the corrective actions that should be taken to address the issues identified above (#2). For each corrective action, indicate if it is a high, medium or low priority, and who should be assigned responsibility for the corrective action.</p> <ul style="list-style-type: none"> A. Create written procedure to identify high risk patients during a pandemic such as influenza with knowledge gained from this event. Medium Priority. Infection Control Nurse. B. Identify personnel across all shifts and provide in-person training for WebEOC arranged through Lexington Department of Emergency Management and Ready Op system through Angela Kik. Medium. Associate Hospital Administrator/Safety Coordinator C. Utilize guidance from LTC2Prepare to create layout map of gym to convert to patient care area utilizing required Life Safety measures. Associate Hospital Administrator/Safety Coordinator/PPD Supervisor.
4.	<p>List the applicable equipment, training, policies, plans and procedures that should be reviewed, revised, or developed. Indicate the priority level for each.</p> <ul style="list-style-type: none"> A. Surge Plan—Medium B. Donning/Doffing Training—to be required by all clinical staff—High C. Acquire additional temporary wall to have on grounds for emergency use. D. Re-evaluate stock allocation to be kept on premises.
5.	<p>Lessons Learned and Best Practice Recommendations (optional)</p> <ul style="list-style-type: none"> A. Although our hospital is not an acute care medical facility, an emergency could occur that requires increased Infection Control procedures and patient segregation. Long-term planning for this occurrence should be a priority. B. Although Joint Commission requires 96 hour sustainability, the pandemic indicates preparedness is needed for a longer period and should be taken into consideration when considering stock allocations.

2020 Exercise Credit for COVID-19 Response

Date of Request: July 2020

Location (facility name): Lexington-Fayette County Health Department

Type: COVID-19 Response

Purpose: Demonstrate emergency response capabilities associated with the facility's response to the national pandemic.

Rationale: This response required implementation of elements of the Emergency Operations Plan for a prolonged period of time. These activities included, but were not limited to: Activated our DOC using ICS structure. Activated our COOP so personnel could be reassigned to areas that needed assistance. Worked with community partners to expand testing capabilities—UK, HFBG, Lexington Clinic. Conducted contact tracing (Patient Tracking).

(Provide a listing of activities included in your response. Examples could include: activation of a command structure, patient triage, donning/doffing personal protective equipment, provision of treatment, preparation for surge, patient tracking, fatality management, etc.)

This After-Action Review (AAR) validates our response capabilities to a community event and aided us in the identification of gaps and corrective actions that can be addressed.

Evaluator Plan: Co-Director review of After-Action Report

Program Benefit and Annual Exercise Impact: The program benefit is the knowledge that if an actual CSEPP community response was necessary, this facility validated their true capability through their response to a real-world event and not just through an exercise demonstration. Due to the extreme hardship of this pandemic and the uncertainty of our ability to participate in the 2020 CSEPP Exercise, our facility's plan for participation is:

The pandemic has allowed the Lexington-Fayette County Health Department to implement our Regional Distribution Site plan where we received, stored and distributed PPE to the health care facilities in the 17 counties in Region 15. This is similar to what could occur if there were a chemical release at BGAD.

Exercise Evaluation Guide Tasks	Y	N	Comments/Notes All "No" answers must have a comment.
Establish an Incident Command and/or Join a Unified Command (C.6.1.F)			
Did your facility:	X		
97. Determine incident objectives and strategy to achieve the objectives?	X		
98. Establish immediate priorities, especially safety, welfare, and accountability, of all people involved in the incident?	X		
99. Coordinate and communicate with key team members (e.g., State and local EOCs, Hospital Command Center)?	X		
100. Develop and approve implementation of the written or oral Incident Action Plan?	X		
101. Direct changes in personnel and resources based on the progression of the incident?	X		
102. Approve requests for additional resources and requests for release of resources?	X		
103. Authorize release of information to news media or follow the established process for the jurisdiction (i.e., JIC)?	X		
104. Plan for demobilization and ensure demobilization procedures are followed?	X		
Communication—Medical Staff (C.6.2.F)			
Did your facility:	X		
105. Transmit and receive ongoing status reports using a bidirectional communication exchange?	X		
106. Employ internal communications using redundant systems?	X		
107. Maintain external communications with all engaged medical agencies and the Emergency Management Structures (i.e., JIC, JIS, and EOC)?	X		
Prepare Medical Treatment Facility to Receive Patients (C.6.3.F)			
Did your facility:	X		

Exercise Evaluation Guide Tasks	Y	N	Comments/Notes All "No" answers must have a comment.
108. Implement current emergency management/pandemic plans?			
109. Make arrangements to control access to all entrances and exits?	X		
110. Identify and isolate potentially infectious patients that self-present to the medical treatment facility unannounced or present themselves outside of regular EMS channels?	X		Not a Health Care Facility, we did contact tracing once notified of a positive patient and quarantined/isolated individuals
Triage (C.6.4.F)			
Did your facility:			
111. Establish and set up triage location, paying special attention to infection control and access control measures?	X		
112. Conduct triage of survivors/patients by determining if they present signs and symptoms of COVID-19 infection?			N/A
113. Properly don/doff PPE to protect from danger due to biological hazards associated with COVID-19?			N/A
114. Provide patient-tracking information in accordance with established protocols and procedures?	X		
Treat Patients at a Medical Treatment Facility (C.6.7.F)			
Did your facility:			
115. Provide appropriate medical treatment, ensuring infection control measures, throughout the continuum of care?			N/S
116. Provide patient tracking and facility bed availability information to the EOC and/or the Emergency Management Agency?			N/A
Manage Human Remains (C.6.8.F)			
Did your facility:			
117. Implement a mass fatality plan?			N/A

Exercise Evaluation Guide Tasks	Y	N	Comments/Notes All "No" answers must have a comment.
118. Comply with reporting requirements for fatalities in accordance with the appropriate plans, state law, etc.?	X		Reported all information to state agencies as required.
119. Respectfully contain and properly store human remains pending arrangements for transfer to a mortuary or other appropriate facility according to recommendations from the local medical examiner?			N/A
120. Using patient-tracking procedures, report location and status of the remains to the EOC or Emergency Management System?			N/A

Performance Improvement: Recommendations and Corrective Action

Based on your response, list the top 3 strengths.

- ✦ Ability to operate Regional Distribution Site.
- ✦ Effectively reassigned personnel into different assignments to meet the needs of the Department and Community.
- ✦ Effectively communicated information to both internal and external individuals.

Based on your response, list the top 3 areas that need improvement.

- ✦ It took time to get into our "Battle Rhythm".
- ✦ Some disorganization, especially at the beginning of the event where we will still trying to figure out how to attack this event.

Identify the corrective actions that should be taken to address the issues identified above (#2). For each corrective action, indicate if it is a high, medium or low priority, and who should be assigned responsibility for the corrective action

- ✦ The need to have a periodic "hot wash" to recognize and correct deficiencies during the event.
- ✦ The need to have periodic internal exercises where we can hone our DOC/COOP skills and procedures.

List the applicable equipment, training, policies, plans and procedures that should be reviewed, revised, or developed. Indicate the priority level for each.

- ⚡ There has been some turnover in the Preparedness Coordinator position, which resulted in all plans not having been reviewed for 2+ years. All plans must be reviewed yearly and with each area of the plan. The COOP is of particular importance since it is the main driver of how we would respond to an emergency/disaster.

5. Lessons Learned and Best Practice Recommendations (optional)

2020 Exercise Credit for COVID-19 Response

Date of Request: June 19, 2020

Location (facility name): Kentucky Blood Center

Type: COVID-19 Response

Purpose: Demonstrate emergency response capabilities associated with the facility's response to the national pandemic.

Rationale: This response required implementation of elements of the Emergency Operations Plan for a prolonged period of time. These activities included, but were not limited to: Activation of KBC Executive Team command structure, Evaluation KBC's ability to meet the Emergent Medical Need of our customers, Ensured Communications with our Hospitals and Donors was clear and frequent, Coordination with

Local Emergency Management group to report our Response Readiness and obtain needed supplies (ie. disinfecting wipes), Vendor

Management of Critical Supplies, Prepared messages for Media distribution, Developed plans to accommodate an influx of Donors, Implemented extensive facility cleaning, established donning/doffing personal protective equipment practices for front line staff, Developed new procedures for sending samples to Qualex (sample testing facility in Atlanta GA) when Delta Cargo closed, sent Staff frequent communications as to the measures KBC was taking to address the COVID-19 situation, and solicited Employee Assistance Program benefit for assistance with Staff related stress issues. *(Provide a listing of activities included in your response. Examples could include: activation of a command structure, patient triage, donning/doffing personal protective equipment, provision of treatment, preparation for surge, patient tracking, fatality management, etc.)*

This After-Action Review (AAR) validates our response capabilities to a community event and aided us in the identification of gaps and corrective actions that can be addressed.

Evaluator Plan: Co-Director review of After-Action Report

Program Benefit and Annual Exercise Impact: The program benefit is the knowledge that if an actual CSEPP community response was necessary, this facility validated their true capability through their response to a real-world event and not just through an exercise demonstration. Due to the extreme hardship of this pandemic and the uncertainty of our ability to participate in the 2020 CSEPP Exercise, our facility's plan for participation is: We are unable to participate this year due to the impact of COVID-19 on our daily production activities. We are continuously collecting COVID-19 Convalescent Plasma and sending to our hospitals, on an as needed basis, for COVID-19 patients. *(Provide details of your planned exercise participation. Examples could include: unable to participate due to the impact of COVID19; activation of a limited*

command structure for communication with EOC; demonstration of triage and decontamination; participation in an out-of-sequence exercise or training event, etc.)

Exercise Evaluation Guide Tasks	Y	N	Comments/Notes All "No" answers must have a comment.
Establish an Incident Command and/or Join a Unified Command (C.6.1.F)			
Did your facility:	√		
1. Determine incident objectives and strategy to achieve the objectives?	√		
2. Establish immediate priorities, especially safety, welfare, and accountability, of all people involved in the incident?	√		
3. Coordinate and communicate with key team members (e.g., State and local EOCs, Hospital Command Center)?	√		
4. Develop and approve implementation of the written or oral Incident Action Plan?	√		
5. Direct changes in personnel and resources based on the progression of the incident?	√		
6. Approve requests for additional resources and requests for release of resources?	√		
7. Authorize release of information to news media or follow the established process for the jurisdiction (i.e., JIC)?	√		
8. Plan for demobilization and ensure demobilization procedures are followed?			NA
Communication—Medical Staff (C.6.2.F)			
Did your facility:	√		

Exercise Evaluation Guide Tasks	Y	N	Comments/Notes All "No" answers must have a comment.
9. Transmit and receive ongoing status reports using a bidirectional communication exchange?			
10. Employ internal communications using redundant systems?	√		
11. Maintain external communications with all engaged medical agencies and the Emergency Management Structures (i.e., JIC, JIS, and EOC)?	√		
Prepare Medical Treatment Facility to Receive Patients (C.6.3.F)			We managed Donors (not patients).
Did your facility:	√		
12. Implement current emergency management/pandemic plans?	√		
13. Make arrangements to control access to all entrances and exits?	√		
14. Identify and isolate potentially infectious patients that self-present to the medical treatment facility unannounced or present themselves outside of regular EMS channels?	√		Posted signs for promote donor self-deferral, took donor temperatures at door, Donor questionnaire includes travel and wellness questions to determine eligibility of donors to donate.
Triage (C.6.4.F)			
Did your facility:	√		
15. Establish and set up triage location, paying special attention to infection control and access control measures?	√		Cleaned all equipment between each donation. This included tablets, screening booths, donor beds, tables, scissors, hemostats, pens, etc. Lobby was cleaned every hour, social distancing measures were implemented with donors and employees, and donors had to have appointments to donate.

16. Conduct triage of survivors/patients by determining if they present signs and symptoms of COVID-19 infection?			NA
17. Properly don/doff PPE to protect from danger due to biological hazards associated with COVID-19?	√		Public facing employees wore gowns, disposable gloves, and face masks. Employees in non-public areas wore masks.
18. Provide patient-tracking information in accordance with established protocols and procedures?	√		We tracked COVID-19 Positive donors with the assistance of the Health Department.
Exercise Evaluation Guide Tasks	Y	N	Comments/Notes All "No" answers must have a comment.
Treat Patients at a Medical Treatment Facility (C.6.7.F)			
Did your facility:	√		
19. Provide appropriate medical treatment, ensuring infection control measures, throughout the continuum of care?			We do not treat patients. But, we did implement extensive infection control measures throughout all facilities.
20. Provide patient tracking and facility bed availability information to the EOC and/or the Emergency Management Agency?	√		We do not track patient or have beds. But, we did routinely report status availability to EOC.
Manage Human Remains (C.6.8.F)			
Did your facility:			NA
21. Implement a mass fatality plan?			NA
22. Comply with reporting requirements for fatalities in accordance with the appropriate plans, state law, etc.?			NA
23. Respectfully contain and properly store human remains pending arrangements for transfer to a mortuary or other appropriate facility according to recommendations from the local medical examiner?			NA
24. Using patient-tracking procedures, report location and status of the remains to the EOC or Emergency Management System?			NA

Performance Improvement: Recommendations and Corrective Action
<p>1. Based on your response, list the top 3 strengths.</p> <p>1. Communication amongst staff and team morale 2. Training program of staff and staff being cross-trained.</p> <p>3. Public Connections within the community.</p>
<p>2. Based on your response, list the top 3 areas that need improvement.</p> <p>1. Obtain a larger stock of masks and disinfecting wipes 2. Due to the social distancing requirements, our mobile buses were not efficient. 3. Many mobile collection sites were unavailable due to business/school closures.</p>
<p>3. Identify the corrective actions that should be taken to address the issues identified above (#2). For each corrective action, indicate if it is a high, medium or low priority, and who should be assigned responsibility for the corrective action.</p> <p>1. High Priority- Order more supplies-KBC Materials Management Department-Ongoing</p> <p>2. Medium Priority-Additional building space is being researched.-Ongoing</p> <p>3. High Priority-Researching other possible locations for on-site blood drives.-Ongoing</p>

4. List the applicable equipment, training, policies, plans and procedures that should be reviewed, revised, or developed. Indicate the priority level for each.

All current equipment, training, policies, plans, and procedures are all up-to-date. KBC will continue to review and update as needed.

5. Lessons Learned and Best Practice Recommendations (optional)

Our staff are exceptional in pulling together to get our goals accomplished.

Once again, our blood donors have stepped up in the time of need and they continue to impress me.

2020 Exercise Credit for COVID-19 Response

Date of Request: June 2020

Location (facility name): Lexington Police

Type: COVID-19 Response

Purpose: Demonstrate emergency response capabilities associated with the facility's response to the national pandemic.

Rationale: This response required implementation of elements of the Emergency Operations Plan for a prolonged period of time. These activities included, but were not limited to: Implemented telework options for civilian and sworn employees throughout the department to limit the potential spread of infection; Provided hygiene-related information to employees, to help limit the spread of disease at home and at work (handwashing, social distancing, equipment/vehicle cleaning); Reoriented police services, to limit unnecessary contact with members of the public (i.e., reporting crime by phone); Coordinated with the Division of Emergency Management for restocking of PPE as necessary; Developed a Pandemic Response policy, to better prepare for current and future disease outbreaks; Provided a liaison to other governmental entities for COVID-related meetings to enhance communication; Public Information Officers utilized traditional media and social media to inform public of changes to police operations, such as online reporting for crimes. Implemented the use of a new code to track the number of COVID-related calls-for-service, to improve data collection and records management. *(Provide a listing of activities included in your response. Examples could include: activation of a command structure, patient triage, donning/doffing personal protective equipment, provision of treatment, preparation for surge, patient tracking, fatality management, etc.)*

This After-Action Review (AAR) validates our response capabilities to a community event and aided us in the identification of gaps and corrective actions that can be addressed.

Evaluator Plan: Co-Director review of After-Action Report

Program Benefit and Annual Exercise Impact: The program benefit is the knowledge that if an actual CSEPP community response was necessary, this facility validated their true capability through their response to a real-world event and not just through an exercise demonstration. Due to the extreme hardship of this pandemic and the uncertainty of our ability to participate in the 2020 CSEPP Exercise, our facility's plan for participation is:

_____(Provide details of your planned exercise participation. Examples could include: unable to participate due to the impact of COVID-19; activation of a limited command structure for communication with EOC; demonstration of triage and decontamination; participation in an out-of-sequence exercise or training event, etc.)

Exercise Evaluation Guide Tasks	Y	N	Comments/Notes All "No" answers must have a comment.
Establish an Incident Command and/or Join a Unified Command (C.6.1.F)			
Did your facility:			
1. Determine incident objectives and strategy to achieve the objectives?			
2. Establish immediate priorities, especially safety, welfare, and accountability, of all people involved in the incident?			
3. Coordinate and communicate with key team members (e.g., State and local EOCs, Hospital Command Center)?			
4. Develop and approve implementation of the written or oral Incident Action Plan?			
5. Direct changes in personnel and resources based on the progression of the incident?			
6. Approve requests for additional resources and requests for release of resources?			
7. Authorize release of information to news media or follow the established process for the jurisdiction (i.e., JIC)?			
8. Plan for demobilization and ensure demobilization procedures are followed?			
Communication—Medical Staff (C.6.2.F)			
Did your facility:			
9. Transmit and receive ongoing status reports using a bidirectional communication exchange?			

Exercise Evaluation Guide Tasks	Y	N	Comments/Notes All "No" answers must have a comment.
10. Employ internal communications using redundant systems?			
11. Maintain external communications with all engaged medical agencies and the Emergency Management Structures (i.e., JIC, JIS, and EOC)?			
Prepare Medical Treatment Facility to Receive Patients (C.6.3.F)			
<i>Did your facility:</i>			
12. Implement current emergency management/pandemic plans?			
13. Make arrangements to control access to all entrances and exits?			
14. Identify and isolate potentially infectious patients that self-present to the medical treatment facility unannounced or present themselves outside of regular EMS channels?			
Triage (C.6.4.F)			
<i>Did your facility:</i>			
15. Establish and set up triage location, paying special attention to infection control and access control measures?			
16. Conduct triage of survivors/patients by determining if they present signs and symptoms of COVID-19 infection?			
17. Properly don/doff PPE to protect from danger due to biological hazards associated with COVID-19?			
18. Provide patient-tracking information in accordance with established protocols and procedures?			
Treat Patients at a Medical Treatment Facility (C.6.7.F)			
<i>Did your facility:</i>			
19. Provide appropriate medical treatment, ensuring infection control measures, throughout the continuum of care?			

Exercise Evaluation Guide Tasks	Y	N	Comments/Notes All "No" answers must have a comment.
20. Provide patient tracking and facility bed availability information to the EOC and/or the Emergency Management Agency?			
Manage Human Remains (C.6.8.F)			
Did your facility:			
21. Implement a mass fatality plan?			
22. Comply with reporting requirements for fatalities in accordance with the appropriate plans, state law, etc.?			
23. Respectfully contain and properly store human remains pending arrangements for transfer to a mortuary or other appropriate facility according to recommendations from the local medical examiner?			
24. Using patient-tracking procedures, report location and status of the remains to the EOC or Emergency Management System?			

Performance Improvement: Recommendations and Corrective Action
1. Based on your response, list the top 3 strengths.
2. Based on your response, list the top 3 areas that need improvement.
3. Identify the corrective actions that should be taken to address the issues identified above (#2). For each corrective action, indicate if it is a high, medium or low priority, and who should be assigned responsibility for the corrective action.
4. List the applicable equipment, training, policies, plans and procedures that should be reviewed, revised, or developed. Indicate the priority level for each.
5. Lessons Learned and Best Practice Recommendations (optional)

2020 Exercise Credit for COVID-19 Response

Date of Request: June 2020

Location (facility name): Lexington Fire Department

Type: COVID-19 Response

Purpose: Demonstrate emergency response capabilities associated with the facility's response to the national pandemic.

Rationale: This response required implementation of elements of the Emergency Operations Plan for a prolonged period of time. These activities included, but were not limited to:

- **Pandemic Response Plan**: revised and updated plan to include COVID-19; included Dispatch screening, EMS screening, triage, and changes to EMS protocols to reduce risk of exposures, recommended decontamination procedures for PPE and equipment, exposure risk education, exposure reporting, isolation/quarantine requirements and procedures, daily operational readiness procedures for response personnel, Staffing Response Plan with alternative options, and ongoing Timeline of Events for situational awareness.
- **Personal Protective Equipment**: set standards for multiple levels of PPE required for EMS incidents involving possible/known COVID-19 patients; implemented the use of surgical and N95 masks, gowns, eye protection, and gloves with specifics on doffing; coordinated PPE ordering and acquisition (normal avenues as well as Strategic National Stockpile supplies) with local and state Emergency Management offices; tabulated and submitted daily and 30-day PPE burn rate reports, current cache levels, and estimated PPE exhaustion reports to local and state Emergency Management.
- **Internal Communications**: implemented an internal daily communications brief for all personnel to include information regarding ongoing operations, updates on policy and procedures, situational awareness topics, exposure reporting, PPE usage, and any additional pertinent information regarding the pandemic; implementation of internet-based video conferencing for daily roll call meetings and periodic situational updates from the department's Executive/Command Staff.
- **Preparation for Surge**: assisted local hospitals (St. Joseph Hospital, Central Baptist Hospital, and Eastern State Hospital) with deploying Zumro tent ensembles for use as surge/screening areas in exterior corridors; included deploying tents, lighting, and climate control equipment, as well as education on maintenance and operation of equipment; canceled numerous activities, trainings, and events and compartmentalized the department to limit possible exposures and ensure adequate staffing.
- **COVID-19 Testing**: continue to assist local and state government, Kentucky National Guard, and private-sector entities with a COVID-19 testing site at Bluegrass Community Technical College – Newtown Campus; providing communication equipment, electrical power

generation in the form of numerous portable generators, and maintaining fuel supply requirements for 5+ weeks; negotiated priority testing for department personnel at local hospitals and employee clinic.

- **Interagency Coordination**: increased and continued communications and operations with local and state Emergency Management offices, Lexington Police Department, Lexington-Fayette County Health Department, local hospitals, Kentucky National Guard, as well as local civilians and businesses who donated supplies/PPE; dedicated local EOC representative for two weeks; coordinated temporary housing for quarantined personnel and childcare for employees.

This After-Action Review (AAR) validates our response capabilities to a community event and aided us in the identification of gaps and corrective actions that can be addressed.

Evaluator Plan: Co-Director review of After-Action Report

Program Benefit and Annual Exercise Impact: The program benefit is the knowledge that if an actual CSEPP community response was necessary, this facility validated their true capability through their response to a real-world event and not just through an exercise demonstration. Due to the extreme hardship of this pandemic and the uncertainty of our ability to participate in the 2020 CSEPP Exercise, our facility's plan for participation is:

To provide command- and field-level participants for a table-top/in-person exercise for the purpose of multi-agency communications, procedural and operational planning/execution, problem solving, and subject-matter expertise; will be available for demonstration of PPE donning and doffing, contaminate screening, decontamination infrastructure and procedures, and triage, treatment, and transport of affected individuals.

(Provide details of your planned exercise participation. Examples could include: unable to participate due to the impact of COVID-19; activation of a limited command structure for communication with EOC; demonstration of triage and decontamination; participation in an out-of-sequence exercise or training event, etc.)

Exercise Evaluation Guide Tasks	Y	N	Comments/Notes All "No" answers must have a comment.
Establish an Incident Command and/or Join a Unified Command (C.6.1.F)			
Did your facility:	Y		
121. Determine incident objectives and strategy to achieve the objectives?	Y		
122. Establish immediate priorities, especially safety, welfare, and accountability, of all people involved in the incident?	Y		
123. Coordinate and communicate with key team members (e.g., State and local EOCs, Hospital Command Center)?	Y		
124. Develop and approve implementation of the written or oral Incident Action Plan?	Y		
125. Direct changes in personnel and resources based on the progression of the incident?	Y		
126. Approve requests for additional resources and requests for release of resources?	Y		
127. Authorize release of information to news media or follow the established process for the jurisdiction (i.e., JIC)?	Y		
128. Plan for demobilization and ensure demobilization procedures are followed?	Y		
Communication—Medical Staff (C.6.2.F)			
Did your facility:	Y		
129. Transmit and receive ongoing status reports using a bidirectional communication exchange?	Y		
130. Employ internal communications using redundant systems?	Y		
131. Maintain external communications with all engaged medical agencies and the Emergency Management Structures (i.e., JIC, JIS, and EOC)?	Y		
Prepare Medical Treatment Facility to Receive Patients (C.6.3.F)			

Exercise Evaluation Guide Tasks	Y	N	Comments/Notes All "No" answers must have a comment.
<i>Did your facility:</i>	Y		
132. Implement current emergency management/pandemic plans?			
133. Make arrangements to control access to all entrances and exits?			N/A
134. Identify and isolate potentially infectious patients that self-present to the medical treatment facility unannounced or present themselves outside of regular EMS channels?			N/A
Triage (C.6.4.F)			
<i>Did your facility:</i>	Y		
135. Establish and set up triage location, paying special attention to infection control and access control measures?			
136. Conduct triage of survivors/patients by determining if they present signs and symptoms of COVID-19 infection?	Y		
137. Properly don/doff PPE to protect from danger due to biological hazards associated with COVID-19?	Y		
138. Provide patient-tracking information in accordance with established protocols and procedures?	Y		
Treat Patients at a Medical Treatment Facility (C.6.7.F)			
<i>Did your facility:</i>	Y		
139. Provide appropriate medical treatment, ensuring infection control measures, throughout the continuum of care?			
140. Provide patient tracking and facility bed availability information to the EOC and/or the Emergency Management Agency?			N/A
Manage Human Remains (C.6.8.F)			

Exercise Evaluation Guide Tasks	Y	N	Comments/Notes All "No" answers must have a comment.
Did your facility: 141. Implement a mass fatality plan?			N/A
142. Comply with reporting requirements for fatalities in accordance with the appropriate plans, state law, etc.?			N/A
143. Respectfully contain and properly store human remains pending arrangements for transfer to a mortuary or other appropriate facility according to recommendations from the local medical examiner?			N/A
144. Using patient-tracking procedures, report location and status of the remains to the EOC or Emergency Management System?			N/A

Performance Improvement: Recommendations and Corrective Action
<p>1. Based on your response, list the top 3 strengths.</p> <ul style="list-style-type: none"> - Relationships: By cultivating and maintaining working relationships internally and externally to the department, COVID-19 operations were more likely to be initiated and were performed more efficiently. - Communications: Clear communications regarding the pandemic were instituted early on, demonstrating a holistic approach from all levels of the department. - Equipment/PPE Supplies: The department displayed efficient operations in obtaining equipment and supplies through various channels, most of which were built prior to the COVID-19 pandemic.
<p>2. Based on your response, list the top 3 areas that need improvement.</p> <ul style="list-style-type: none"> - Equipment/PPE Cache: Even though equipment and supplies were relatively available for procurement, the department should maintain a pre-determined cache should supply chains be affected. - Training: Infectious disease training, both knowledge-based and hands-on, should be increased with local hospitals for the purpose of the EMS-to-Hospital transition and transfer of possible and confirmed infectious disease patients.
<p>3. Identify the corrective actions that should be taken to address the issues identified above (#2). For each corrective action, indicate if it is a high, medium or low priority, and who should be assigned responsibility for the corrective action.</p> <ul style="list-style-type: none"> - Review normal and worst-case equipment and supply usages throughout the pandemic to implement a determined cache that takes into consideration projected application and use, likelihood of supply chain disruptions, and sustainment over time (Medium; EMS) - Reach out to all local hospitals to conduct training and share plans, procedures, and best practices learned from each (Medium; EMS)
<p>4. List the applicable equipment, training, policies, plans and procedures that should be reviewed, revised, or developed. Indicate the priority level for each.</p>
<p>5. Lessons Learned and Best Practice Recommendations (optional)</p>

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COVID-19 Response
POWELL COUNTY, KENTUCKY
March 2020 - Ongoing



DRAFT EXECUTIVE SUMMARY

July 2nd, 2020

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EXECUTIVE SUMMARY

Powell County became aware of COVID-19 in February 2020, no local action taken. On March 6, 2020 Kentucky Governor Andy Beshear declared a State of Emergency exists in the Commonwealth of Kentucky. Powell County Judge Executive James Anderson requested a review of Emergency Plans as related to a Public Health Crisis. The Emergency Management (EM) Director Steve Asbury and Chemical Stock Emergency Preparedness Program (CSEPP) Director Kevin Babcock reviewed the policies and conduct an inventory of equipment/supplies on hand. Local leadership worked together to prepare for and address the crisis. The following is a list of actions taken to date:

- Meeting with community partners was held at the EOC on March 9th to discuss COVID-19 and the local response.
- Powell County Fiscal Court was briefed on status of COVID-19 and how it may affect Powell County (March 10, 2020).
- Upon receiving notification of a positive COVID-19 case in an adjacent county, the Judge Executive issued a local State of Emergency for COVID-19 on March 13th, 2020. The order directed Stacy Crase, Director for the Powell County Health Department, to provide such assistance that could be delivered from available local resources and coordinate all agencies of local government to aid Powell County.
- EOC activated. EM Director (ESF 5) along with ESF 2, ESF 3, ESF 4, ESF 8, ESF 13 and ESF 15 were manned. EOC remains operational, at a reduced capacity, 8-4 daily expect weekends. Personnel are on call to respond as needed. Timely dissemination of information remains a priority.
- WebEOC is used to document Powell County's COVID 19 response to Kentucky Emergency Management (KYEM).
- County Health Department uses ReadyOps to report information and track PPE usage to the state.
- Weekly ZOOM meetings help to maintain communications with local agencies and state resources. KYEM and Kentucky Public Health hold separate meetings but maintained an open line of communication, ensuring smooth operations.
- Meetings were also held with KACO and the Governors office/state offices to maintain a separate but equally informative flow with local elected officials.
- County wide Healthcare Provider meeting held, March 16th, to determine needs and plan response.
- County offices and court house limit in-person visits, March 17th.
- Briefing of local business leaders held at the EOC.
- Public Health (ESF8) activated Health Department Operation Center at the Health Dept.
- First Responder briefing held, March 19th, to disseminate known information and response protocols to COVID-19.
- Powell County Crisis Center opens, March 20th, to assist citizens needing help with home delivery of medicines and groceries due to COVID-19 concerns.
- Testing available in Powell County, March 24th.
- Fit Testing for N95 masks and the distribution of PPE to local First Responders.
- Powell County reports first confirmed COVID-19 case, March 28th, via a PSA with county Judge Executive and Health Department.
- Powell County Public Information and Fiscal Court, on March 29th, set up powellcovid.com as a one stop information site. Links to local, state and federal guidance along with PSAs from local officials keep citizens informed. PSAs were

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Executive Summary
Report

COVID-19 2020
Public Health Real World Event

released throughout the response and made available for viewing on county PIO FB and at powellcovid.com. This effort continues and will continue until the county Emergency Declaration is lifted.

- County Judge Executive issues an Executive Order issued, March 30th, limiting access to public lands in Powell County and business serving the areas.
- Powell County followed all state recommendations and continues a phased re-opening in accordance to that guidance.
- Office staff limited in office time and working remotely is approved for all non-essential personnel.

The Powell County COVID-19 response tested all county agency's ability to respond to a multi-county event. Powell County Emergency Management/CSEPP's; Preparedness, Emergency Assessment, Emergency Management, Hazard Mitigation, Protection, Victim Care and Emergency Public Information capabilities were all exercised during the response. The planning team was composed of numerous and diverse agencies, Powell County Emergency Management/CSEPP, Powell County Fiscal Court, City of Stanton and Clay City, Powell County Health Department, Powell County Jail, Powell County Schools, local volunteer Fire Departments, local Law Enforcement, Emergency Medical Services, Red River Health Care, Stanton Nursing Center, Kentucky Red River Foothills Medical Clinic, Clay City Pediatrics, Powell Family Health, WSKV FM104.9 and the Clay City Times newspaper all have meaningful contributions to the on-going event. The planning team discussed the guidance handed down from state and federal agencies. Emphasis was given to local protocols on safety of citizens. Early on the team inventoried local PPE resources, looked at options for testing, agreed on best use of PSAs to inform the public and ways to protect first responders.

Based on the planning team's deliberations, the following objectives were developed for COVID-19 2020:

- Objective 1: Review standing Emergency Operations Plan and infectious disease related policies and implement as needed.
- Objective 2: Review and follow state Emergency Orders, KRS and KAR, guidance/requirements.
- Objective 3: Identify training needs and those qualified to instruct/certify.
- Objective 4: Review communications plan and implement as needed.
- Objective 5: Assess community needs.
- Objective 6: First Responder/Essential Worker safety.
- Objective 7: Establish testing protocols.
- Objective 8: Establish decontamination procedures for equipment, personnel and facilities.
- Objective 9: Plan for non-congregate sheltering.
- Objective 10: Conduct after action review and implement needed change.

The purpose of this report is to summarize COVID-19 2020 results, identify strengths to be maintained and built upon, identify potential areas for further improvement, and support the development of corrective actions.

Major Strengths

Appendix A: Improvement Plan

B-2

Powell County

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The major strengths identified, to date, for the COVID-19 2020 event are as follows:

- Leadership during the event was remarkable. The community's willingness to come together to confront the event was critical to the overall success. The governance shown by local leaders, first responders and community members galvanized the response from the beginning, reducing the possibility of spreading COVID-19 in the county.
- CSEPP assets were utilized to assist the local community. Message boards were used to control traffic and promulgate information to the public. PPE was used to supplement those on hand until supplies could be received through regular procurement and those provided by KYEM and Kentucky Public Health arrived. The EOC, provided for by CSEPP funding, was of critical use for command and control throughout the event. The centrally located EOC was ideal for storing PPE and conducting virtual meetings/trainings. As a hub for communications, the EOC/Dispatch allows for a timely response by the appropriate agency throughout the event.
- Public Information was complete and available from the inception of our COVID-19 response. The early establishment of the county informational portals at Powell County PIO FB page and powellcovid.com ensured the widest possible dissemination of relevant and timely information.

Primary Areas for Improvement

As of the writing of this summary, during the COVID-19 2020 event, several opportunities for improvement in the Powell County community's ability to respond were identified. The primary areas for improvement are listed below. These areas for improvement, along with recommendations and corrective actions, are listed in the Improvement Plan contained in Appendix A.

- Continual communications throughout the event. Although all agencies remain available, most agencies conduct meetings in various manners independent of Emergency Management.
 - *Recommendation:* The EM Director (at the direction of the elected official) or their designee should conduct timely follow up contacts, as needed, with the agencies first identified when the EOC was activated. This would help to ensure command and control throughout the event. During the first 30 days of this event it should have been weekly and then transitioned to monthly (or as needed) for the remainder of the event.
- Lack of internet coverage created issues when working from home and attending virtual trainings/presentations was impossible for many.
 - *Recommendation:* Work with state and federal partners to complete the last mile of high-speed internet service and make it available to every household in the county.
- The Incident Command System (ICS) was used effectively within the EOC and Emergency Management. However, with Public Health as lead during the event and multiple community partners using their own communication platforms, the ICS model was hard to maintain.
 - *Recommendation:* Some of the issues could be corrected following recommendations in the first area of improvement above. Uniformity, the lack

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of consistency in meeting platforms, reporting requirements and leadership roles need to be addressed.

Conclusion

The county response to COVID-19 2020 is ongoing. To-date; A robust community wide response has contributed positively to the overall health of our citizens. Following guidance from state and federal agencies, creating local information portals, providing needed assistance in a timely manner, keeping first responders and citizens safe, maintaining local governmental services have all positively influenced the outcome of our response.

Work will need to be done in the coming months to ensure areas of concern are addressed and we are better prepared moving forward. We have gone through this together and will be better for it.



POWELL COUNTY EM/CSEPP

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7/7/2020

To Whom It May Concern,

After lengthy consultation with local leadership it is my opinion that to hold a complete exercise as normal would be an unnecessary risk to our local First Responders. More than 50% of our local responders normally participate in the exercise. They are of vital importance to the community and should not be risked conducting an exercise with so many unknowns.

As of today, local restriction would allow for a small group to conduct a walk through of the exercise. Using social distancing, it would be nothing like a normal exercise. The EOC can be manned by a few select ESFs and one evaluator (following local COVID-19 guidance). We can process injects and make recommendations, reports and PSAs. With two evaluators monitoring locally or remotely, we could walk through the process but setting up DECON would require being within 6 feet of each other for long periods of time.

To date our COVID response covers the following: Powell County First Responders have decontaminated equipment and personnel using guidance learned during training provided by CSEPP. We have activated the EOC, reviewed plans and developed a response to the COVID-19 incident that is similar to actions we would take during and after an event at BGAD. We have made reports to KYEM EOC using WebEOC and through the local Health Department, Ready OPS. We have closely monitored the spread and taken appropriate actions in a timely manner. Our CSEPP traffic control protocols have been used to assist at various local distribution sites. We developed a non-congregate shelter plan and lodged a local first responder for possible COVID-19 exposure. We have used CSEPP equipment and training to make numerous PSAs to inform the public during our COVID-19 response.

Powell County's response to COVID-19 has shown that the processes we developed and use through CSEPP directly effect our ability to respond locally. I feel our response exercised the core of our BG Ex20 XPA.

Question or concerns please contact me.

Very Respectfully,

Kevin Babcock
CSEPP/EM Director Powell County

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2020 Exercise Credit for COVID-19 Response

Date of Request: 9/3/2020

Location (facility name): Rockcastle Regional Hospital & Respiratory Care Center

Type: COVID-19 Response

Purpose: Demonstrate emergency response capabilities associated with the facility's response to the national pandemic.

Rationale: This response required implementation of elements of the Emergency Operations Plan for a prolonged period of time. These activities included, but were not limited to:

- Activated EOP and command structure
- Enhanced patient triage and added an additional triage location
- Conducted patient surge training and drills
- Utilized appropriate PPE and ensured donning and doffing training occurred
- Acquisition of additional PPE and PPE storage
- Restricted patient visitation
- Toughened access control measures and restructured normal operating hours
- Coordinated with Infection Control to conduct staff and patient screenings on a daily basis
- Restructured hospital staffing
- Reviewed and revised (if necessary) appropriate emergency operations plans and policies
- Conducted community based, mass testing with public health and local law enforcement.

This After-Action Review (AAR) validates our response capabilities to a community event and aided us in the identification of gaps and corrective actions that can be addressed.

Evaluator Plan: Co-Director review of After-Action Report

Program Benefit and Annual Exercise Impact: The program benefit is the knowledge that if an actual CSEPP community response was necessary, this facility validated their true capability through their response to a real-world event and not just through an exercise demonstration. Due to the extreme hardship of this pandemic and the uncertainty of our ability to participate in the 2020 CSEPP Exercise, our facility's plan for participation is:

- Unable to participate in the 2020 CSEPP Exercise due to the continuing impact of COVID-19 to our county (increasing positivity percentage) and our facility (housing COVID positive patients).

Exercise Evaluation Guide Tasks	Y	N	Comments/Notes All “No” answers must have a comment.
Establish an Incident Command and/or Join a Unified Command (C.6.1.F)			
Did your facility: 25. Determine incident objectives and strategy to achieve the objectives?	X		Objectives included: Surge and triage set up for ED, creation of COVID Ward, and policy/plan revisions.
26. Establish immediate priorities, especially safety, welfare, and accountability, of all people involved in the incident?	X		
27. Coordinate and communicate with key team members (e.g., State and local EOCs, Hospital Command Center)?	X		Public Health, County EM, Hospital Leadership
28. Develop and approve implementation of the written or oral Incident Action Plan?	X		
29. Direct changes in personnel and resources based on the progression of the incident?	X		
30. Approve requests for additional resources and requests for release of resources?	X		
31. Authorize release of information to news media or follow the established process for the jurisdiction (i.e., JIC)?	X		This was key during our Surge Drill and Community Mass Testing
32. Plan for demobilization and ensure demobilization procedures are followed?	X		
Communication—Medical Staff (C.6.2.F)			
Did your facility: 33. Transmit and receive ongoing status reports using a bidirectional	X		Communication with local, state, and federal entities were non-stop.

Exercise Evaluation Guide Tasks	Y	N	Comments/Notes All "No" answers must have a comment.
communication exchange?			
34. Employ internal communications using redundant systems?	X		Daily safety huddles, surge meetings, employee memos. Done with in person meetings, cell-phones, email, radios, and other hospital communication equipment.
35. Maintain external communications with all engaged medical agencies and the Emergency Management Structures (i.e., JIC, JIS, and EOC)?	X		
Prepare Medical Treatment Facility to Receive Patients (C.6.3.F)			
Did your facility:			
36. Implement current emergency management/pandemic plans?	X		
37. Make arrangements to control access to all entrances and exits?	X		
38. Identify and isolate potentially infectious patients that self-present to the medical treatment facility unannounced or present themselves outside of regular EMS channels?	X		External surge and triage tent set up in ED parking lot. Also had a COVID Hotline that was in use by community members.
Triage (C.6.4.F)			
Did your facility:			
39. Establish and set up triage location, paying special attention to infection control and access control measures?	X		Surge/Triage location set up with CNO and Infection Control oversight.
40. Conduct triage of survivors/patients by determining if they present signs and symptoms of COVID-19 infection?	X		
41. Properly don/doff PPE to protect from danger due to biological hazards associated with COVID-19?	X		
42. Provide patient-tracking information in accordance with established protocols and procedures?	X		

Exercise Evaluation Guide Tasks	Y	N	Comments/Notes All "No" answers must have a comment.
Treat Patients at a Medical Treatment Facility (C.6.7.F)			
Did your facility: 43. Provide appropriate medical treatment, ensuring infection control measures, throughout the continuum of care?	X		
44. Provide patient tracking and facility bed availability information to the EOC and/or the Emergency Management Agency?	X		
Manage Human Remains (C.6.8.F)			
Did your facility: 45. Implement a mass fatality plan?		X	Have a plan but did not need to implement it due to no COVID related deaths in the county.
46. Comply with reporting requirements for fatalities in accordance with the appropriate plans, state law, etc.?	X		
47. Respectfully contain and properly store human remains pending arrangements for transfer to a mortuary or other appropriate facility according to recommendations from the local medical examiner?		X	Had the capability to but was not implemented due to no pandemic related fatalities in our facility or county.
48. Using patient-tracking procedures, report location and status of the remains to the EOC or Emergency Management System?		X	No Pandemic related fatalities in our facility or county.

Performance Improvement: Recommendations and Corrective Action

1. Based on your response, list the top 3 strengths.

- Teamwork of entire hospital staff (everyone gave and is still giving it 110%)
- Supply Acquisition (our Materials Manager was excellent in ensuring we had the PPE we needed).
- Communication between local, state, and federal health and emergency management agencies.

2. Based on your response, list the top 3 areas that need improvement.

- Surge/Triage structure plan for future events (we currently used a rental company and retrofitted their tent to our needs. However, given the time and cost of the rental, we took down the Surge and Triage tents after the threat for patient surge faded).
- Surge Plan revisions (the hospital didn't have a specific surge plan until after the pandemic was in full-swing).
- PPE Storage

3. Identify the corrective actions that should be taken to address the issues identified above (#2). For each corrective action, indicate if it is a high, medium or low priority, and who should be assigned responsibility for the corrective action.

- The facility's emergency management lead, in collaboration with other necessary personnel, should facilitate MOUs/Agreements with tent vendors for future tent deployment until the facility can procure a permanent fix (Medium Priority).
- Utilize the Environment of Care (EOC) Committee to update and revise the hospital's EOP and Surge Plan (High Priority).
- Acquire / build adequate PPE storage for future emergency use as the hospital's previous "96" hours threshold wasn't enough to sustain long-term pandemic levels (Low)

4. List the applicable equipment, training, policies, plans and procedures that should be reviewed, revised, or developed. Indicate the priority level for each.

- Surge Plan, Emergency Staffing procedures, and staff PPE training (when, where, why, and how) – High Priority
- Emergency Operations Plan, Alt. Care Site procedures, staff communication procedures, patient visitation policy, and department specific vendor policies – Medium Priority
- PPE acquisition and storage plan for emergencies – Low Priority

5. Lessons Learned and Best Practice Recommendations (optional)

- **Lesson Learned:** Our Emergency Department isn't equipped for patient surge numbers of 20 persons or more (presenting at the same time).
Recommendation: Revise Alt. Care Site Procedures and agreements.
- **Lesson Learned:** Facility assumed staff were familiar with proper usage of PPE during initial pandemic response.
Recommendation: Ensure staff training and communication is consistent from start to finish.
- **Lesson Learned:** All staff didn't receive training on surge/emergency triage procedures and different departments conducted business in different

manners.

Recommendation: Ensure that every provider and his/her staff have training on proper procedures and actions (don't assume that incoming and outgoing staff will communicate).

- **Best Practice:** Ensure emergency management team consists of various departments and professions. For this emergency (pandemic), the Infection Control Coordinator became the de facto leader for the hospital's emergency response because of the specialized knowledge base.
- **Best Practice:** Restricting access and visitors to vulnerable patient populations. This happened at once in areas that housed our LTC Ventilator Patients.
- **Best Practice:** Initiate a Pandemic Hotline. After doing so, this helped our facility's surge response as staff members could talk to community members and advise them on proper actions without them having to come to the Emergency Department or other areas.
- **Best Practice:** Identify additional areas of one's facility that can house patients during a pandemic. Already knowing where we were going to place COVID positive patients was a plus and aided us in the speedy construction of a COVID Ward.

2020 Exercise Credit for COVID-19 Response

Date of Request: June 9, 2020

Location (facility name): Saint Joseph London

Type: COVID-19 Response

Purpose: Demonstrate emergency response capabilities associated with the facility’s response to the national pandemic.

Rationale: This response required implementation of elements of the Emergency Operations Plan for a prolonged period of time. These activities included but were not limited to: _____ Incident Command was initiated 3/31/2020 at 1300 with job assignments as appropriate initially daily meetings were conducted and decreased as the incident progressed and needs were evaluated. Established policies and procedures as identified needs, real-time education for staff involved. Alternate triage set up in EMS bay for screening patients with COVID symptoms, Donning/Doffing re-education for all staff with competency check-off, airway management procedure established, planning for alternative care site if needed with resources confirmed

_____ This After-Action Review (AAR) validates our response capabilities to a community event and aided us in the identification of gaps and corrective actions that can be addressed.

Evaluator Plan: Emergency Management Coordinator and Safety Officer

Program Benefit and Annual Exercise Impact: The program benefit is the knowledge that if an actual CSEPP community response was necessary, this facility validated their true capability through their response to a real-world event and not just through an exercise demonstration. Due to the extreme hardship of this pandemic and the uncertainty of our ability to participate in the 2020 CSEPP Exercise, our facility’s plan for participation is: _We plan to participate in the 2020 CSEPP drill but during event we activated IC structure, demonstrated triage with COVID screening and appropriate PPE when need identified.

Exercise Evaluation Guide Tasks	Y	N	Comments/Notes All “No” answers must have a comment.
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Exercise Evaluation Guide Tasks	Y	N	Comments/Notes All "No" answers must have a comment.
Establish an Incident Command and/or Join a Unified Command (C.6.1.F)			
Did your facility:	X		
49. Determine incident objectives and strategy to achieve the objectives?	X		
50. Establish immediate priorities, especially safety, welfare, and accountability, of all people involved in the incident?	X		
51. Coordinate and communicate with key team members (e.g., State and local EOCs, Hospital Command Center)?	X		
52. Develop and approve implementation of the written or oral Incident Action Plan?	X		
53. Direct changes in personnel and resources based on the progression of the incident?	X		
54. Approve requests for additional resources and requests for release of resources?	X		
55. Authorize release of information to news media or follow the established process for the jurisdiction (i.e., JIC)?	X		
56. Plan for demobilization and ensure demobilization procedures are followed?		X	As of today 6/8/20 still have modified IC active meeting weekly for updates and status report.
Communication—Medical Staff (C.6.2.F)			
Did your facility:	X		
57. Transmit and receive ongoing status reports using a bidirectional communication exchange?	X		
58. Employ internal communications using redundant systems?	X		
59. Maintain external communications with all engaged medical agencies and the Emergency Management Structures (i.e., JIC, JIS, and EOC)?	X		

Exercise Evaluation Guide Tasks	Y	N	Comments/Notes All "No" answers must have a comment.
Prepare Medical Treatment Facility to Receive Patients (C.6.3.F)			
Did your facility:	X		
60. Implement current emergency management/pandemic plans?			
61. Make arrangements to control access to all entrances and exits?	X		
62. Identify and isolate potentially infectious patients that self-present to the medical treatment facility unannounced or present themselves outside of regular EMS channels?	X		
Triage (C.6.4.F)			
Did your facility:	X		
63. Establish and set up triage location, paying special attention to infection control and access control measures?			
64. Conduct triage of survivors/patients by determining if they present signs and symptoms of COVID-19 infection?	X		
65. Properly don/doff PPE to protect from danger due to biological hazards associated with COVID-19?	X		
66. Provide patient-tracking information in accordance with established protocols and procedures?	X		
Treat Patients at a Medical Treatment Facility (C.6.7.F)			
Did your facility:	X		
67. Provide appropriate medical treatment, ensuring infection control measures, throughout the continuum of care?			
68. Provide patient tracking and facility bed availability information to the EOC and/or the Emergency Management Agency?	X		
Manage Human Remains (C.6.8.F)			

Exercise Evaluation Guide Tasks	Y	N	Comments/Notes All "No" answers must have a comment.
Did your facility: 69. Implement a mass fatality plan?		X	Not required all fatalities were able to be handled using normal process/procedures
70. Comply with reporting requirements for fatalities in accordance with the appropriate plans, state law, etc.?	X		
71. Respectfully contain and properly store human remains pending arrangements for transfer to a mortuary or other appropriate facility according to recommendations from the local medical examiner?	X		
72. Using patient-tracking procedures, report location and status of the remains to the EOC or Emergency Management System?	X		

Performance Improvement: Recommendations and Corrective Action

1. Based on your response, list the top 3 strengths.

1. ED nursing staff education and familiarity with decontamination processes
2. Leadership commitment and knowledge of Incident Command structure/purpose
3. Daily updates with leaders on status, such as PPE availability allowed for rapid changes when needed in management of these patients

2. Based on your response, list the top 3 areas that need improvement.

1. Management/rotation of PPE mass casualty supplies, discovered many expired supplies and need to increase stock
2. Need for standardized electronic patient tracking system, with capability of exchange of information
3. Need to include providers in annual Decon training to be familiar with donning and doffing process and equipment available

3. Identify the corrective actions that should be taken to address the issues identified above (#2). For each corrective action, indicate if it is a high, medium or low priority, and who should be assigned responsibility for the corrective action.

1. Establish Decon lead to manage equipment inventory and monitor for expiration and rotation of supplies—medium priority and EM Coordinator owner of task
2. Investigate available options for electronic tracking system and present to EM committee---medium priority and EM coordinator owner
3. Include providers, especially ED in annual decon training to be more familiar with donning and doffing and equipment---high priority and EM Coordinator with ED Medical Director owners

4. List the applicable equipment, training, policies, plans and procedures that should be reviewed, revised, or developed. Indicate the priority level for each.

1. High priority—review PPE equipment available for mass casualty
2. High priority---training for providers with donning/doffing and equipment

5. Lessons Learned and Best Practice Recommendations (optional)

Staff wanted information the more information we gave them the more prepared they felt and decreased their anxiety. Daily staff briefings in person were very effective communication tools.

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ANNEX 5. ACRONYMS & ABBREVIATIONS

AAR	After Action Reports	ED	emergency department
ACP	Access Control Point	EEG	Exercise Evaluation Guide
AOC	Army Operations Center	EEI	Essential Elements of Information
AR	Army Regulations	EKU	Eastern Kentucky University
ARC	American Red Cross	EM	Emergency Management/Manager
ARES	Amateur Radio Emergency Services	EMA	Emergency Management Agency
ASL	American Sign Language	EMD	Emergency Management Director
BG Ex	Blue Grass Community CSEPP Exercise	EMS	emergency medical services
BGAD	Blue Grass Army Depot	EMT	Emergency Medical Technician
BGANS	Blue Grass Alert and Notification System	EndEx	end of exercise
BGCA	Blue Grass Chemical Activity	EOC	Emergency Operations Center
BGCAPP	Blue Grass Chemical Agent-destruction Pilot Plant	EOP	Emergency Operations Plan
BHL	Baptist Health Lexington	ERO	Emergency Response Outcomes
BHR	Baptist Health Richmond	ESF	Emergency Support Function
CAI	Chemical Accident/Incident	ESH	Eastern State Hospital
CAIRA	Chemical Accident/Incident Response and Assistance	ESIP	Enhanced Shelter-in-place
CDC	Child Development Center	ETN	Exercise Training Network
CENL	Chemical Event Notification Level	FAS	Forward Aid Station
CERT	Community Emergency Response Team	FCP	Forward Command Post
CLA	Chemical Limited Area	FD	Fire Department
CodeRed®	automated notification system	FEMA	Federal Emergency Management Agency
CRMC	Clark Regional Medical Center	GB	a nerve agent; Sarin
CSEPP	Chemical Stockpile Emergency Preparedness Program	HA	hazard analyst
CST	Civil Support Team	HazMat	hazardous material
DEM	Division of Emergency Management	HICS	Hospital Incident Command System
DEM	Deputy Emergency Manager	HQ DA	Headquarters Department of the Army
DEMD	Deputy Emergency Management Director	IC	Incident Command/Commander
DHS	Department of Homeland Security	ICC	Incident Command Center
DO	Duty Officer	ICP	Incident Command Post
DuoDote®	Pre-filled auto injector for nerve agent antidote treatment	ICS	Incident Command System
EAS	Emergency Alert System	ICU	intensive care unit
		ID	Identification
		IPAWS	Integrated Public Alert & Warning System
		IPT	Integrated Process Team

ISP	Incident Specific/Support Plan	RN	Registered Nurse
IT	information technology	RRHRCC	Rockcastle Regional Hospital & Respiratory Care Center
JIC	Joint Information Center	RTAP	real-time analytical platform
JIS	Joint Information System	SCBA	self-contained breathing apparatus
KHP	Kentucky Horse Park	SEOC	State Emergency Operations Center
KSP	Kentucky State Police	SimCell	Simulation Cell
KYEM	Kentucky Division of Emergency Management	SIP	shelter-in-place
KDPH	Kentucky Department for Public Health	SITREP	Situation report
LEO	Law Enforcement Officer	SJB	Saint. Joseph Berea Hospital
LEP	Limited English Proficiency	CHI-SJHSJL	CHI Saint Joseph Health Saint Joseph London Hospital
LFUCG	Lexington-Fayette Urban County Government	SJE	Saint Joseph East (Lexington)
LPD	Lexington Police Department	SJH	Saint Joseph Hospital (Lexington)
LVAHCS	Lexington Veterans Affairs Health Care System	SO	Safety Officer
MAT	Medical Augmentation Team	SOP	standing/standard operating procedure
MCE	Maximum Credible Event	SORT	Special Operations Response Team
MH-MWH	Mercy Health-Marcum and Wallace Hospital	TCP	traffic control point
MOA	Memorandum of Agreement	UC	Unified Command
MRT	Medical Response Team	UCG	Unified Command Group
NIMS	National Incident Management System	UK	University of Kentucky
NPG	National Preparedness Goal	UKCH	University of Kentucky Albert B. Chandler Hospital
OC	Operations Chief	UKHC-GS	University of Kentucky Healthcare Good Samaritan Hospital
OSHA	Occupational Safety and Health Administration	VAMC	Veterans Administration Medical Center
PA	Public Address	VHF	Very High Frequency
PAD	protective action decision	VX	Nerve agent
PAO	Public Affairs Officer	WEA	Wireless Emergency Alert
PAPR	powered air purifying respirator	WebPuff	Comprehensive web-based emergency management decision support system
PAR	protective action recommendation	WebEOC®	Web-based EOC software/system
PIO	Public Information Officer/Office	XPA	Extent of Play Agreement
PPE	personal protective equipment		
RACES	Radio Amateur Civil Emergency Services		

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ANNEX 7. PARTICIPANT LIST

LOCATION	REPRESENTED
Depot	BGAD
	BGAD Health Clinic
	BGCA
	BGCAPP
	Civilian Personnel Advisory Center (CPAC)
	Contractors
	Tenants
Madison County	Baptist Health Richmond Hospital
	Berea Fire Department
	Berea Police Department
	Kentucky Community Crisis Response Team
	Kentucky State Police
	Madison County EMA
	Madison County EMS
	Madison County Fire Department and Volunteer Fire Personnel
	Madison County Health Department
	Madison County Judge Executive
	Radio Amateur Civil Emergency Services
	Richmond Fire Department
	Richmond Police Department
	Saint Joseph Berea Hospital
Estill County	City of Irvine
	City of Ravenna
	Estill County Constabulary
	Estill County Dispatch Center
	Estill County EMA
	Estill County EMS
	Estill County Fire Department
	Estill County Fiscal Court
	Estill County Health Department
	Estill County Judge Executive
	Estill County Rescue Squad
	Estill County Sheriff's Department
	Hargett Fire Department
	Irvine Fire Department and junior firefighters
	Irvine Municipal Utilities
	Irvine Police Department
	Mercy Health - Marcum & Wallace Hospital
	Ravenna Fire Department
	Ravenna Police Department

Clark County	Clark County EMA/CSEPP Office
Garrard County	Bluegrass 911
	Garrard County EMA
Jackson County	Jackson County 911 Center
	Jackson County EMA
	Jackson County Judge Executive
Fayette County	American Red Cross – Lexington Chapter
	Baptist Health Lexington Hospital
	Bluegrass Amateur Radio Society (BARS)
	Community Emergency Response Team
	Division of Emergency Management
	ESF 6
	ESF 15
	Fayette County Public Schools
	Kentucky Blood Center
	Kentucky Division of Emergency Management
	LexCall 311
	Lexington EMS
	Lexington-Fayette Animal Care and Control
	Lexington-Fayette County Health Department
	Lexington Fire Department/EMS
	Lexington Police Department
	Lexington VA Medical Center
	Lextran Public Transportation
	LFUCG 911 Dispatch Center
	Saint Joseph East Hospital
	Saint Joseph Lexington Hospital
	University of Kentucky Albert B. Chandler Hospital
	University of Kentucky Good Samaritan Hospital
Powell County	Powell County Central Dispatch
	Powell County EMA
	Powell County EMS
	Powell County Fire and Rescue
	Powell County Health Department
	Powell County Judge Executive
	Powell County Schools
	Powell County Sheriff's Office
	Public Utilities
	Public Workers
	Radio Amateur Civil Emergency Services (RACES)

	Stanton and Clay City mayors
	Stanton City Fire and Rescue
	Stanton City Police Department
	Stanton Water District
Rockcastle County	Amateur radio
	City of Mount Vernon, Livingston, Brodhead mayor
	Kentucky State Police
	Mt. Vernon Fire Department
	Rockcastle Ambulance Service (EMS)
	Rockcastle County 911 Center
	Rockcastle County EMA
	Rockcastle County Health Department
	Rockcastle County Judge Executive
	Rockcastle County Sheriff's Department
	Rockcastle Regional Hospital and Respiratory Care Center
Jessamine County	Jessamine County EMA
Laurel County	CHI Saint Joseph Health-Saint Joseph London
	Cross Road Fire Department
	Eco Tech
	Laurel County 911 Center
	Laurel County Ambulance Service Incorporated
	Laurel County CSEPP
	Laurel County EMA
	Laurel County Judge Executive
	Laurel County Judge Executive Administrative Assistant
	Laurel County Sheriff's Office
	London City Public Safety Officer
	London Laurel County Rescue Squad
	Laurel County Fire Department
	London Fire Department
	London Police Department
	Regional Preparedness Coordinator, Region 13 Department for Public Health
SimCell and Special Staff	Army Personnel
	FEMA Personnel
	State/Local Personnel
	Contract Personnel

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