

# REGIONAL MASS VACCINATION REPORT

NAVAJO AREA INDIAN HEALTH SERVICE

# 2006



Leadership in Public Health Emergency  
Preparedness and Response



A MULTI-AGENCY COOPERATIVE REPORT ON THE MASS VACCINATION PROCESS AND  
ORGANIZATIONAL REQUIREMENTS FOR THE NORTHERN REGION

# 2006 Regional Mass Vaccination Report

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# PREFACE



L-R: NNDOH Executive Director, Anselm Roanhorse and NAIHS Director, John Hubbard, Jr.

Navajo Area Indian Health Service (NAIHS) and Navajo Nation Division of Health (NNDOH) offer many thanks and appreciation to all the participating agencies and organizations that made this Northern Regional Mass Vaccination Exercise a success in November 2006. Exceptional appreciation goes to our partner, the Centers for Disease Control and Prevention (CDC) and Mr. Steven Pearson, Director of the HHS Supply Service Center in Perry Point, Maryland. We extend our appreciation to the New Mexico Department of Health for providing staff and 2,000 vaccines, and to the Arizona Department of Health Services for providing staff and assistance. Our success was greater because of their support and involvement in this Exercise. Riding on this success, NAIHS and NNDOH look forward to the upcoming years as we define our efforts and become more proficient in mass vaccination and emergency response. This proficiency is critical as local agencies and organizations must be prepared to protect their communities.

John Hubbard, Jr.  
Navajo Area Director  
Navajo Area Indian Health Service



# ACKNOWLEDGMENTS

## PARTICIPATING AGENCIES

Apache County Health Department  
Apache County Emergency Management  
Apache County Sherriff's Office  
Arizona Governor Napolitano's Office  
Arizona Department of Health Services  
Arizona Department of Public Safety  
Bureau of Indian Affairs  
Chinle Unified School District  
Gila River Indian Community (BT Program)  
Hopi Health Center  
Hopi Rangers  
National Park Service  
Navajo Area Indian Health Service Staff  
Navajo County  
Navajo Nation Community Health Representative Program  
White Mountain Apache (BT Program)  
San Juan Southern Paiute (BT Program)  
Navajo Nation Division of Health  
Navajo Nation EMS  
Navajo Nation Emergency Management  
Navajo Nation Health Education  
Navajo Nation Division of Public Safety  
Navajo Nation Rangers  
Navajo Nation Resource Enforcement  
Navajo Tribal Utility Authority (NTUA)

Navajo Nation Council  
McKinley County Sherriff's Office  
Navajo County Sherriff's Office  
Navajo County Emergency Management  
Gallup Police Department  
Gallup Chamber of Commerce  
NM National Guard - Gallup  
City of Gallup  
Gallup Emergency Management  
Gallup Fire Department  
Navajo Nation Fire Department  
Navajo Nation Commission on Emergency Management  
Kaibab Paiute (BT Program)  
Window Rock School District  
Ganado School District  
Kayenta Boys and Girls Club  
Crownpoint School District  
Show Low National Guard Armory  
Navajo Nation DPS Interl Affairs  
Phoenix Area IHS  
Nashville Area IHS  
IHS Headquarters  
Navajo Nation Behavioral Health Services  
HHS Supply Service Center - Perry Point  
Office of Environmental Health (IHS) Ft. Defiance District

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# EXECUTIVE SUMMARY

The purpose of the 2006 Regional Mass Vaccination Exercise was to determine the state of readiness and capability to effectively prepare for and respond to a regional public health emergency.

The Navajo Area Indian Health Service serves a population of more than 200,000 people. The Navajo public health system is large and complex, consisting of tribal and federal health agencies with more than 5,000 employees, as well as agencies from three states and eleven counties. It was a challenge to develop an understanding of the capability of such a public health system to meet state and federal recommendations for mass vaccination in a rural and diverse area.

Approximately 24,000 vaccinations were provided within an eight-hour period at 13 sites throughout the

Navajo Area (approximate size of West Virginia) and two outside sites in Eager, Arizona and Show Low, Arizona for a total of 15 sites. The overall average hourly

throughput of patients per hour was 287, with several Point of Dispensing Sites (PODS) reaching as many as 1000 vaccinations per hour. Receipt, handling, delivery



ABOVE: Gallup Service Unit staff and volunteers load a 5:45 a.m. bus to take them to their Point of Dispensing Site as part in the Northern Regional Mass Vaccination Exercise in the Gallup Service Unit.

RIGHT: A nurse of the Ft. Defiance Service Unit administers a seasonal Flu shot in the arm to a timid community member.





and chain-of-custody for the mock Strategic National Stockpile (SNS) portion of the exercise met or exceeded expectations.

The after action hot washes revealed several areas for future improvement including regional communications, public notifications, handling of special needs individuals, and the need for a Regional (web-based) Incident Management System (IMS) for real-time reporting.

Overall, the exercise identified several notable successes and factors supporting those successes. Exercise shortcomings and recommended solutions were also identified for continued refinement.



TOP LEFT: Navajo Nation Division of Health Executive Director, Anslem Roanhorse, and NAIHS Director, John Hubbard, Jr., prepare for an interview outside of Unified Command Center with local station, NNTV5. ABOVE (L-R): A community volunteer and Cindy Poblano of GIMC at one of several PODS in the Gallup Service Unit. BELOW: The Kayenta Boys and Girls Club Point of Dispensing Site.

# REPORT

## Approach

On November 9, 2006, the Navajo Area Indian Health Service (NAIHS) and the Navajo Nation Division of Health (NNDOH) conducted the 2006 Regional Mass Vaccination Exercise. The purpose of the Exercise was to determine the state of readiness and capability to effectively prepare for and respond to a regional public health emergency. In preparation, NAIHS and the NNDOH, along with several partners developed a Regional Approach to mass vaccination, quarantine and isolation, alternate healthcare sites, and delivery of the Strategic National Stockpile (SNS). This Regional Approach was based on the outcomes of the 2005 Mass Vaccination Exercise in Chinle, Arizona and 11 emergency responses by NAIHS and the Navajo Nation to real events throughout the prior year. The Northern Region consists of the Navajo Nation and surrounding areas including the Four Corners as well as the Zuni

Pueblo, Hopi, Havasupai, and White Mountain Apache tribes.

Additionally, regional strategies were developed and driven by the performance objectives required in the Cooperative Agreement Grant provided by the Centers for Disease Control and Prevention (CDC) to the States. Both NAIHS and NNDOH receive funding from the States of Arizona and New Mexico for Bio-Terrorism and Pandemic Influenza Planning. These grants provide a base both agencies were able to build upon, thereby facilitating a collaborative team approach to several issues. These issues include



Cheryl Leslie (NAIHS) and Tammy Yazzie (NNDOH) enter information into the Incident Management System (IMS) at Unified Command.

the receipt and distribution of SNS supplies, identification and use of Point of Dispensing Sites (PODS), development of interoperable communications, cross jurisdictional credentialing of professional and volunteer staff and equipment/supplies exchange among the agencies.

## Other Plans and Procedures Developed

- The PODS were developed and Memorandums of Understanding (MOUs) were initiated with State Schools as locations for PODS or alternate healthcare sites.
- A Mass Vaccination Planning and Operations Guide was developed and provided to participating healthcare facilities, schools, and public safety departments.
- The Gallup Regional Supply Service Center (GRSSC) was identified as the Receiving, Staging and Storage site (RSS) for the Northern Region. Designation of an RSS site is a collaborative effort to ensure SNS supplies are provided to the Tribes and Counties of the Northern Region. This initiative has been accepted by the States of New Mexico and Arizona and is expected to be finalized by July of 2007.
- A security plan for distribution of the SNS to the PODS was developed by the Navajo Rangers in coordination with Navajo Nation Department of Public Safety (NNDPS), NAIHS and NNDOH.
- An Emergency Operations Center (EOC) was developed and located at the IHS Area Office in St. Michaels for Public Health Emergencies. This site includes the formulation of an official Unified Command Team, with pre-designated positions from several agencies. NAIHS and NNDOH assumed the cost of emergency management equipment and supplies, and developed communications infrastructure for continuity of operations.
- Public Information Officers (PIO's) were identified for all NAIHS Service Unit locations (health facilities). Alternate PIO's were identified and trained on risk communication techniques for public health including the EOC staff. This fostered the initiation of quarterly conference calls to update the PIO's on current events, development of new plans and the provision of additional training throughout the year.

## Correlation with Pandemic Flu Planning

The 2006 Regional Mass Vaccination Exercise is an important component of the Pandemic Preparedness and Planning activities throughout the Northern Region. NAIHS and NNDOH developed a Pandemic Preparedness and Planning Committee (PPPC) in March of 2006 consisting of several professionals from different fields. The PPPC reviewed several documents from different agencies and decided that the best approach would be for NNDOH to develop

a community plan and NAIHS to develop a healthcare based Plan. These plans would be complementary and would be merged into one comprehensive Pandemic Plan for the Northern Region. In addition, NAIHS provided a two-day workshop for high-level executives and supporting staff of both agencies. The result was a clear understanding of what pandemic planning was and the importance of developing a collaborative plan between the agencies. Non-governmental,

County and State representatives were in attendance and provided important input as well as buy-in of the planning process. By November 2006, the final result was an integrated Pandemic Plan that was utilized and accepted throughout the Northern Region.

In correlation with Pandemic Planning and the Mass Vaccination Exercise, several other plans and procedures were developed (see table above).

## Report

### Goal and Objectives

As a result of the Regional Strategies, Performance Objectives from the States and CDC, and the development of plans based on a pandemic outbreak, NAIHS and NNDOH identified the goal and objectives for the 2006 Regional Mass Vaccination Exercise. The goal and objectives were designed to provide all participating agencies with an assessment of their prevention and response capabilities to a pandemic outbreak. Such an assessment provides valuable data to executives and officials of government and non-governmental organizations on the state of readiness and capability to effectively prepare for and respond to a regional outbreak. The primary regional goal and objectives are presented in the table at right.

### Primary Goal and Objectives

**Overall Goal:** Develop, plan and carry out a regional mass vaccination exercise.

**Objectives Included:**

- To vaccinate as many people as possible during an eight-hour period.
- To meet CDC recommendations for hourly throughput of persons vaccinated.
- To achieve CDC and State approval of the RSS at GRSSC
- To test proposed SNS delivery system, test GRSSC as a Receipt, Staging and Storage (RSS) facility for the SNS.
- To achieve CDC and state approval for Point of Dispensing Sites (PODS)
- To test PODS throughput at each location, review each location for appropriateness (logistics, security, staffing and patient care areas)
- To meet specific State and CDC deliverables/requirements for Pan Flu Funding
- To test Regional Communications and area-wide communications system, test Risk Communication capabilities and PIO Abilities.

## Planning Cycle

Planning began after the regional objectives were identified. The planning cycle emphasized the following areas of concentration (the planning cycle is represented below):

**1. Vaccine orders and the estimated time of arrival for the vaccines.** This was a serious concern given the fact that timely arrival of the vaccines was critical. However, manufacturer vaccine shipments were late throughout the coun-

try. A contingency plan for distribution of limited vaccine/SNS supplies was developed.

**2. Determination of the level of preparedness** at each Service Unit (Healthcare Facility) and Point of Dispensing Site (PODS).

**3. Development of a planning and operations guide** and training for the leadership was available to all participating sites.

**4. Designation of specific teams to utilize the Incident Com-**

**mand Structure.** Those teams then reported on the progress and needs associated with the exercise.

**5. The final step in preparation** was the development of a **Regional Emergency Operations Center** for Public Health Emergencies, and in this instance a Unified Command. Once the Unified command was established and specific agency personnel were assigned, an Incident Action Plan was developed.



Note: <sup>1</sup>Utilizing DHHS, CDC, and State recommendations.

## Report

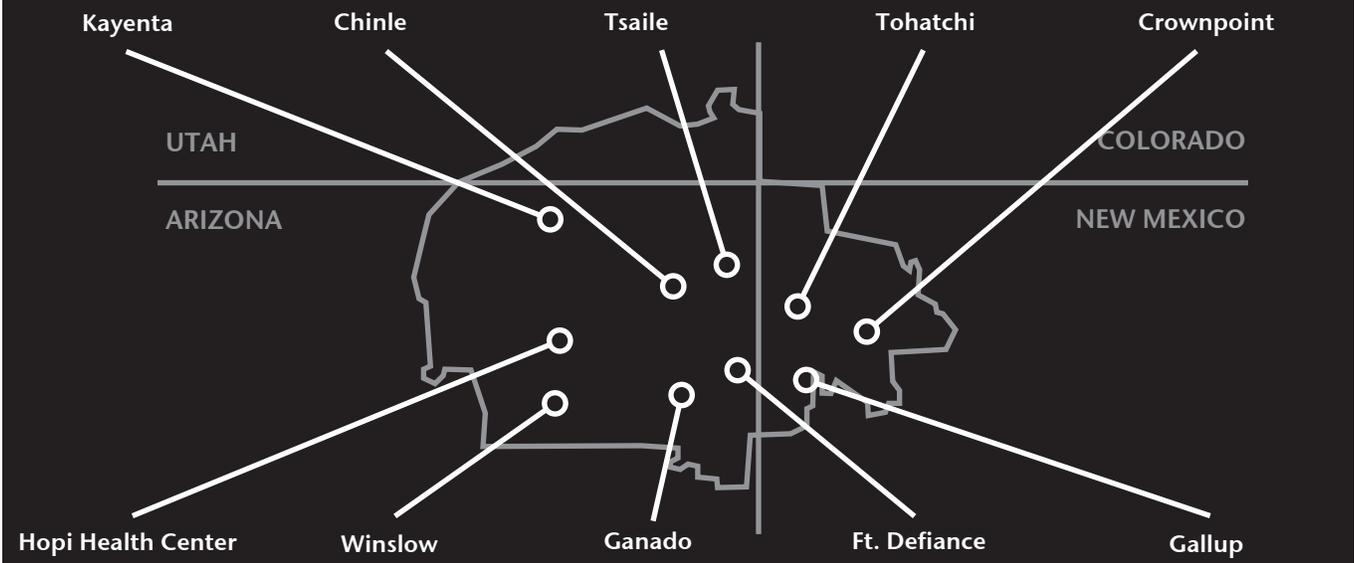
### POD Sites

The exercise began on November 8th, 2006 with the mock deployment of SNS supplies and vaccines. This was a Full Scale Exercise (FSE) within itself. The Navajo Rangers and Navajo Police developed security and transport plans and Standard Operating

Procedures as part of the overall All-Hazards Plan for the Region. The Outcome was a huge success. All of the vaccines were delivered on time and intact to nine locations throughout the 20,000 square mile reservation area. This was accom-

plished by the Navajo Rangers and the Navajo Division of Public Safety in five hours and forty-five minutes while maintaining the Chain-of-Custody records. The following map and locations identify the SNS distribution points and PODS.

- Kayenta Boys and Girls Club
- Chinle Community Center
- Tsaile Public School
- Tohatchi Health Center
- Crownpoint High School



- First Mesa Elem. School
- Dilkon Health Station, PHN Building
- Window Rock High School Field House
- Window Rock High School Field House
- LDS Church
- Red Rock Elem. School
- Gallup Central School District Office
- Gallup High School

Note: Not depicted on the map above are two county sites that were located in Eager and Show Low, Arizona.

SUMMARY DATA						
PODS	HOURS OF OPERATION	TOTAL # OF VACCINES DISBURSED	AVERAGE HOURLY THROUGH-PUT	PEAK HOURLY THROUGHPUT	# OF ADVERSE REACTIONS <sup>1</sup>	# OF CREDENTIALS PROCESSED
KAYENTA BOYS AND GIRLS CLUB	9	5,740	638	1,200	1	15
LDS CHURCH (GIMC)	4	1,680	420	520	0	1
RED ROCK ELEM. (GIMC)	4	1,235	309	500	0	0
GALLUP CENTRAL SCHOOL DIST. (GIMC)	3	497	166	-	0	0
GALLUP HIGH SCHOOL (GIMC)	5	1,007	201	-	2	0
TOHATCHI HEALTH CENTER (GIMC)	4	684	171	-	0	0
DILKON HEALTH STATION (WSU)	3.5	385	110	-	1	0
CROWNPOINT HIGH SCHOOL (CPSU)	7	1,884	269	460	0	35
TSAILE PUBLIC SCHOOL (CSU)	9	1,697	189	-	0	1
CHINLE COMMUNITY CENTER (CSU)	9	3,942	438	-	3	2
WINDOW ROCK HIGH SCHOOL (FDIH)	4	1,903	476	500	0	1
WELLNESS CENTER (SAGE HOSPITAL)	6	1,305	218	-	1	0
FIRST MESA ELEM. SCHOOL (HHC)	4	1,023	256	-	0	0
ROUND VALLEY DOME (APACHE CO.)	3.5	694	198	-	0	5
SHOW LOW NATIONAL GUARD (NAVAJO CO.)	1	250	250	-	0	0
<b>TOTAL OR AVERAGE</b>	<b>76</b>	<b>23,926</b>	<b>287 (Average)</b>	<b>-</b>	<b>8</b>	<b>60</b>

Notes: <sup>1</sup>Adverse reactions are defined as hypotension, local allergic reactions, systemic allergic reactions, and any other immunization related unexpected medical event.

On November 9th, 2006 all 15 PODS were stood up and fully operational by 0800hrs. The PODS operational periods varied based on facility decisions and planning strategies for location and advertised hours of operation. Each

POD site counted the number of persons requesting vaccination, number vaccinated per hour and the hours of operation. These figures were used to calculate the overall average throughput of 287 persons per hour for the entire

operation. The matrix above shows the PODS, hours of operation, vaccines delivered, hourly throughputs, and numbers for adverse reactions and emergency credentials processed during the exercise.

## Report

# Average Throughput

The purpose of the exercise was to establish a learning environment that familiarized agencies with protocols and guidance (CDC and State recommended Throughputs) for mass vaccination clinics in the event of a pandemic influenza. This is evident in the throughputs that were achieved and shown in the following graph.

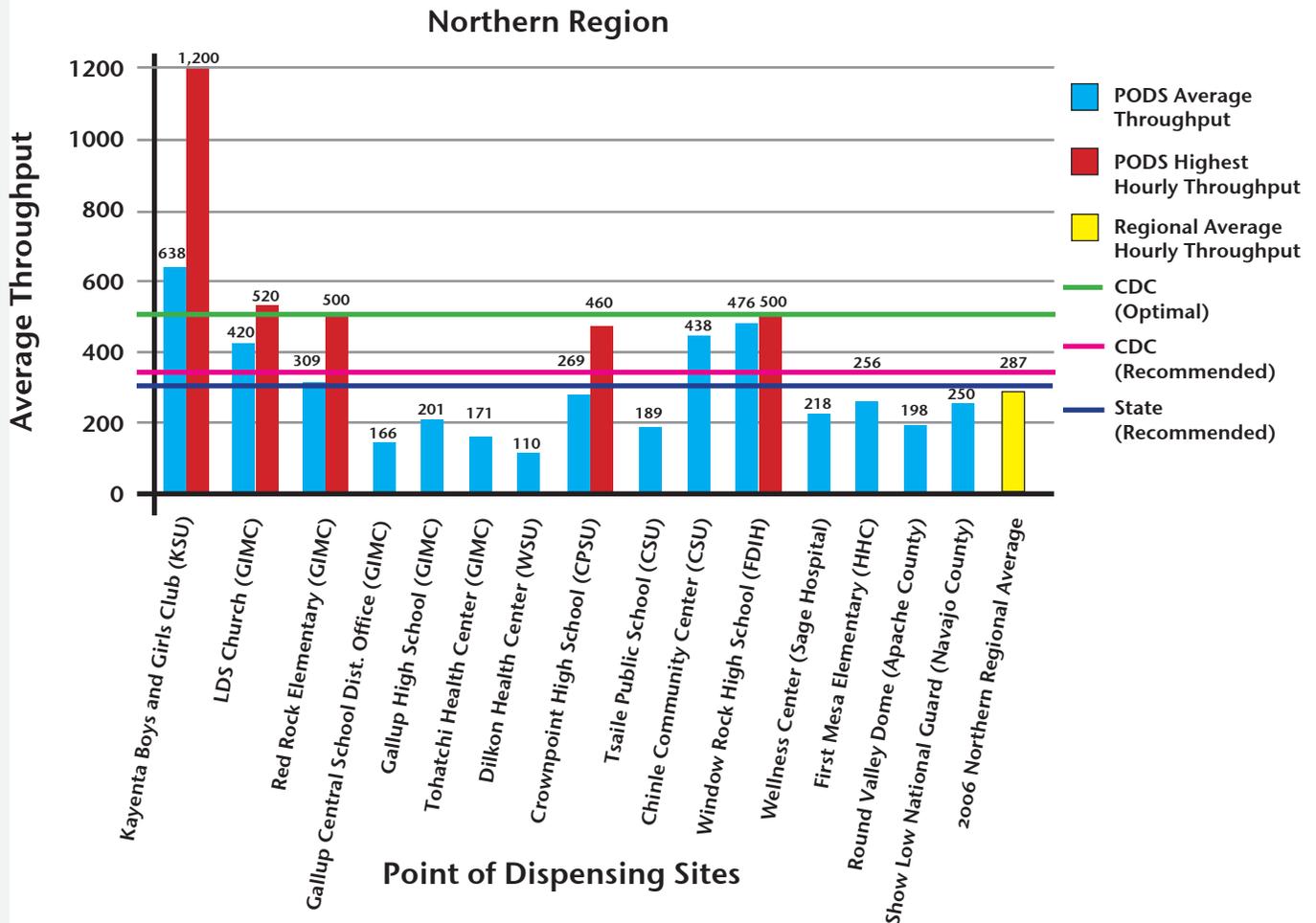
The 2006 Northern Regional average throughput was 287 (shown

in yellow). The CDC and State recommended throughputs are shown in green and blue lines respectively. The individual PODS average throughputs are shown in the blue bars. The red bars indicate PODS with the highest hourly throughput.

The Kayenta Service Unit (highest red bar at left) demonstrated that through careful planning and preparation they were able to achieve

a throughput of 1,200 people per hour at one point in their exercise.

The next four red bars are representative of excellence in following recommendations from the planning and operations guide provided by the NAIHS. Their careful planning and attention to detail is also evident in the reports provided by these PODS.



## Successes and Shortcomings



Tommy Atha, NAIHS Master Exercise Planner.

Based on the data provided by the sites, the entire exercise was a success. The results are not only in the numbers; they are also in the relationships formed between many different agencies and the willingness of agency staff to work side-by-side to achieve common goals. This flexibility proved that each agency could transition from normal day-to-day functions to Emergency Preparedness and Response and that each Agency, Government or Jurisdiction could transition to become a Multi-Agency Regional Team under a Unified Command System. Listed at right are the Top Three Successes, Other Notable Successes, and Exercise Shortcomings and Solutions:

TOP 3 SIGNIFICANT EXERCISE SUCCESSES	
Exercise Success	Factors that Supported Success
Number of vaccines provided by the PODS	<ul style="list-style-type: none"> <li>Great support and flexibility by the Service Units</li> <li>Outstanding Service Unit outreach to the community</li> </ul>
Worked as one team	<ul style="list-style-type: none"> <li>Cooperation and respectful relationships with all agencies</li> </ul>
SNS Receipt/Delivery and PODS were approved by CDC	<ul style="list-style-type: none"> <li>Delivery by Rangers and NDPS</li> <li>Great support from GRSSC</li> <li>Service Units cooperation with this part of the exercise</li> </ul>

OTHER NOTABLE EXERCISE SUCCESSES	
Exercise Success	Factors that Supported Success
Video conference with Assistant Secretary	<ul style="list-style-type: none"> <li>IT systems worked</li> <li>Great IT help</li> </ul>
Risk Communication/PIOs	<ul style="list-style-type: none"> <li>Outstanding job by all PIOs (Teamwork)</li> <li>Support and help from the Executive Authority</li> <li>Training provided prior to the exercise</li> </ul>

EXERCISE SHORTCOMINGS	
Exercise Shortcoming	Recommended Solutions
Communications (Web-based)	<ul style="list-style-type: none"> <li>Need for a regional system</li> <li>Provide appropriate training</li> <li>System that is applicable to all events</li> </ul>
Communications (Regional Radio system) (Wide Area Radio Network)	<ul style="list-style-type: none"> <li>Develop and implement a viable and workable system</li> </ul>
ICS and HICS Training	<ul style="list-style-type: none"> <li>Provide more tabletop and actual exercises at the regional level (by regional participants)</li> <li>Exercise ICS/HICS and its components when an event occurs.</li> </ul>
Planning	<ul style="list-style-type: none"> <li>Provide better, more accurate, and timely planning when preparing for an exercise</li> <li>Develop planning guides and Incident Action Plans to all participants of the exercise</li> <li>Avoid last minute changes unless absolutely necessary</li> </ul>

## Report

### Future Direction

NAIHS and NNDOH will continue to build relationships with partners and programs in and around the Northern Region. This will be done in an effort to strengthen and expand support for Public Health Preparedness and Response. Both NAIHS and NNDOH are committed to building these relationships and developing new relationships.

The focus for the 2007 Exercise preparations will be to resolve and mitigate the shortcomings identified during the 2006 exercise. This will include review of the solutions and identification of responsibilities pertaining to the solutions. Through partnerships, NAIHS and NNDOH will work to enhance the Public Health Preparedness and Response Program and strive to achieve the next level of preparedness.

It is apparent that the next level of preparedness constitutes more practice exercises. This is something that will be continued through several different avenues, such as:

- A two-day follow-up Pandemic Influenza Preparedness and Planning meeting with the executive and support staff to include a table-top functional exercise.
- ICS or HICS training at the Service Unit and Regional levels.
- Executive ICS training for Tribal, NAIHS and NNDOH Executives and support staff.
- Strengthening Communications component of the Exercise.
- Communications training for NAIHS and NNDOH staff.
- Web-based communica-



tions training for NAIHS and NNDOH staff.

- Identification and development of a regional communications system.
- Risk communication and PIO training throughout the year for NAIHS and NNDOH staff.
- Timely preparation for next year's Mass Vaccination Exercise.

Dedication to the Navajo Area Strategic Health Plan 2005-2009 will provide a path to a stronger more adaptable Public Health Preparedness and Response Program. Success will come in seeking our Vision and following our Mission.

## Navajo Area Vision and Mission

**Our Vision: Healthy Communities Through Strong Partnerships and Leadership.**

**Our Mission: To Provide Accessible, Quality Health Care and Public Health Services.**



Pictured (L-R) at Unified Command Center are Dave Nez, Master Exercise Planner; Carla Baha-Alchesay, Exercise Planner; Dr. Taylor Mckenzie, Exercise CMO; and Herman Shorty, one of two Exercise Incident Commanders.

# CHINLE SERVICE UNIT

## Summary

The Chinle Service Unit established the following objectives for the mass vaccination exercise:

- Vaccinate greater than 3,500 individuals in one day.
- Agencies to communicate effectively with each other.
- Exercise conducted safely and securely at alternate locations.
- Incident command system used effectively by all agencies.
- Drive-through triage and vaccination used safely and effectively.
- Vaccinations are accurately documented in a timely manner.



Community members arrive for their seasonal flu shot. Chinle had an average hourly throughput of 438.

## Exercise Event Synopsis

TSAILE POD	
Number of vaccines administered at Tsaille POD	1,697
Hours of Operation (6:00 a.m. to 3:00 p.m.)	9 hours
Tsaille POD Throughput	189 patients per hour
Number of patients in First Aid Station	154
Number of Workers	135

CHINLE POD	
Number of vaccines administered at Tsaille POD	3,942
Hours of Operation (6:00 a.m. to 3:00 p.m.)	9 hours
Tsaille POD Throughput	438 patients per hour
Number of patients in First Aid Station	331
Number of Workers	196
<b>TOTAL</b>	<b>5,639</b>

CHINLE COMMAND CENTER	
Number of workers	34
Total number of workers for all sites	345
Number of vaccines administered at drive-through	585 (1%)
Number of needlestick injuries, patient injuries, or worker injuries	0
Number of reportable adverse vaccine reactions	3
Number of patient satisfaction surveys received	1,524
Number of organizations involved	14
Number of evaluators	25
Number of evaluations received from evaluators	372

Chinle Service Unit

Conclusions

- Vaccinated 5,639 people, 2,139 vaccinations over goal of 3,500.
- Only three adverse vaccine reactions, no needlestick injuries, and no patient or worker injuries inside or in drive-through services.
- Incident Command was multi-agency and successful, especially in the areas of conducting informative briefings, delegating appropriately, and demobilization.
- Vaccinated 585 patients by drive-through services demonstrating the success of this model for wheelchair bound individuals and others similarly limited.
- All data entry was completed by close of business for Tsaile POD site and within 24 hours for Chinle POD site.
- Multi-agency cooperation and collaboration was evident and a good predictor of success for future emergency response.

Improvement Plan

- Communication capability was sufficient but inconsistent. Telephone and computer communication were successful in both PODS. Radio communication was successful for Chinle POD site for the Command Team but not for the Safety and Security Team. Radio communication was not successful at the Tsaile Pod site for the Command Team but it was for the Safety and Security Team. Satellite phone between Tsaile POD site and Chinle Command never worked. Communications between Chinle Command and NAIHS Unified Command were established via phone but not via computer or radio.
- Workers did not get enough breaks or enough water. Workers complained about inadequate food to maintain energy though the 12-15 hour day.

# CROWNPOINT SERVICE UNIT

## Summary

On November 9th, 2006, the Navajo Area Indian Health Service (NAIHS) sponsored a “2006 Regional Mass Vaccination Exercise” that was a full scale exercise (FSE).

Crownpoint Comprehensive Health Care (CCHC) facility staff reported to the hospital at 6:00 a.m. and were transported to the alternate health care site/POD site at Crownpoint High School. Upon arrival at the POD site, staff went into operation. The POD site was operational at 7:15 with vaccinations for the staff commencing. The local newspapers had advertised the start time for public vaccinations to begin at 6:00 a.m. to 2:00 p.m. Therefore, community members began arriving at 6:30 a.m. creating a backlog before the staff had finished receiving vaccinations.

The Operations section was located in the High School gymnasium and

consisted of eleven stations: triage, registration, pre-education, registration 2 (medical services), Level 1 & 2 screening, 5 injection stations, patient services, post education, medical expert, first aide/EMS and a forms drop-off station (evaluation). The Public Information Officer (PIO) station was set up in the lobby next to the school entrance and triage/registration areas. The cafeteria was utilized as the incident command center and included the Incident Commander, ICC Recorder, Liaison, Safety Officer, Security Officer, Logistic Chief, Planning Chief, Finance Chief and Operations Chief. The data entry, credentialing/labor pool stations and employee rest areas were also located in the cafeteria. The vaccine storage site was located in the cafeteria’s kitchen with a security guard and/or police officer at the vaccine storage site the entire time of the mass vaccination exercise.

Hourly reports were provided to

the Crownpoint Comprehensive Health Care Facility’s Incident Command Center and Navajo Area Indian Health Service’s Unified Command Center via the IMS website. These reports consisted of the following; mass vaccination statistics (throughput, vaccine doses provided/available, adverse reactions, number credentialed, injuries, etc.), operational log timeframes, and communication log.

At 2:30 p.m. the PODS Incident Commander gave the order to “Stand Down” with the remaining patients completing the PODS stations. A debriefing was conducted at the PODS ICC with various entities reporting. Staff, equipment, and supplies were returned to the hospital at approximately 4:00 p.m.. The PODS IC team gathered at the hospital’s ICC and commenced debriefing with the Navajo Area Indian Health Service’s Unified Command Center.

Crownpoint Service Unit

Exercise Event Synopsis

PATIENT DATA (Mass Vaccination Exercise utilizing Seasonal Influenza Vaccine)	
Total number of patients screened	1,919
Total number of patients vaccinated	1,884
Total number of patients reporting adverse reactions	0
Total number of patients diagnosed with adverse reactions	0
Total number of accidents/incidents (OSHA recordable incidents and Near Misses)	One (1) employee injury due to trip/fall on extension cord at employee labor pool section (see mass vaccination statistics in Appendices)

THROUGHPUT TOTALS and AVERAGES AT PODS	
Total throughput of patients per hour (Average over entire operational period)	269
Highest total throughput per hour	409
Lowest total throughput per hour	128

VACCINES (Delivery, Custody, and Control)	
Date and time vaccines received	November 8, 2006 at 7:30 a.m
Total number of vaccines received	285 ten dose vials
Total number of vaccines disbursed	1,884
Total number of vaccines lost, discarded, or determined bad during the exercise	0
Total number of vaccines remaining at conclusion of the exercise	95 ten dose vials

SECURITY OF VACCINES	
Was chain-of-custody maintained?	Yes, although the chain-of-custody form/record was not provided upon delivery of the vaccine, staff signed the invoice for receipt of the vaccine. Two supply personnel and one security personnel (Navajo Ranger) arrived with supply. Pharmacist verified quantity, signed the GRSSC form, sealed the boxes so that no one could utilize the contents and secured it in the pharmacy.
Was security of vaccines maintained throughout the exercise?	Yes. Armed security was not provided at the PODS vaccination storage at all times. This was corrected after it was brought to the attention of the Crownpoint NNPd by the PODS Incident Commander. Armed police were in proximity of the vaccines and the refrigerator was never left unattended.

## Conclusions

Crownpoint Service Unit tested its ability to implement and operate a Mass Vaccination Point of Dispensing site on November 9th, 2006. This exercise was to test the service unit's ability to respond to and/or recover from an infectious disease outbreak, including prevention techniques. In the process of this exercise, the public was provided with seasonal influenza vaccinations.

The specific location of the Exercise was at Crownpoint High

School, Gallup-McKinley School District located in McKinley County, Crownpoint, NM. The Crownpoint Service Unit is located within the Navajo Reservation in the southwest corner of New Mexico. The co-sponsors of the exercise included Navajo Area Indian Health Service (NAIHS) and Navajo Nation Division of Health (NNDOH).

One hundred sixty seven (167) staff directly participated in this exercise, in addition to other staff that

maintained critical hospital operations. The Pandemic Influenza Plan was developed in June 2006 and planning meetings to conduct a mass vaccination operation at a Point of Dispensing Site continued until the week of the exercise. In addition to department head weekly meetings during October, various subgroup meetings were conducted to assure that we met our objectives during this exercise. Additional information can be obtained upon request.

## Improvement Plan

### Objective I:

Demonstrate the ability to use, manage and support the facility's incident response through information exchange with IMS communications. This was completed successfully.

### Objective II:

Demonstrate via at least 3 modalities (video, print, radio, TV, internet based system, 2-way radios, etc.) the ability to coordinate with the Incident Command Center (ICC), if one is active, in providing standardized and uniform risk communication messages, for both internal and external dissemination, following local authority

and state guidance. These messages will also need to target major ethnic/language groups pertinent to the community. Health Promotions provided print and radio exercise messages and vaccine side effects/precautions both in Navajo and English at the pre/post educational sessions at the mass vaccination exercise and pre-event at each chapter within the Crownpoint Service Unit.

### Objective III:

Activate plans for the use of Alternate Healthcare Sites to accommodate a patient influx of either locally evacuated patients or incoming surge from incident casu-

alties. Utilized the alternate health care site (Crownpoint High School) to set up and operate a PODS mass vaccination exercise, providing 1884 residents with seasonal influenza vaccinations.

### Objective IV:

Conduct an After Action briefing and develop an After Action Report identifying gaps and weaknesses in emergency operations plan. Develop and implement a corrective action plan. Conducted debriefing at PODS incident command center and Hospital's ICC with the Unified Command Center located in NAIHS Area Office.

# FT. DEFIANCE INDIAN HOSPITAL

## Summary

The Mass Vaccination exercise on 08-09 November 2006 included much of the Navajo Nation and had goals of (1) exercising the system of PODS required for mass vaccination in the event of a pandemic (2) immunizing as many persons as possible for this year's influenza. A secondary goal was to test delivery of the SNS with the establishment of a local RSS.

Over 70 persons were assigned to the Fort Defiance Service Unit PODS as staff. Public Information Officers (PIOs) put out materials to the public in advance about the morning flu vaccine availability. Set up of the local field house was accomplished the afternoon prior to the vaccinations.

Nearly 500 persons per hour were processed at peak patient arrival times and a total of 1,903 persons were immunized during the 4-hour exercise period. Handling of the mock SNS material was entirely satisfactory.



A Community member arrives early in the morning at the Window Rock High School Field House for her seasonal flu shot. The Window Rock (FDIH) facility averaged an hourly throughput of 476.

The after action hot wash revealed several minor areas for future improvement including communications and notifications, handling

of special needs persons, and staff rest breaks. No adverse events occurred and measured patient satisfaction was high.

## Exercise Event Synopsis

PATIENT DATA (Mass Vaccination Exercise utilizing Seasonal Influenza Vaccine)	
Total number of patients screened	1,927
Total number of patients vaccinated	1,903
Total number of patients reporting adverse reactions	0
Total number of patients diagnosed with adverse reactions	0
Total number of accidents/incidents (OSHA recordable incidents and Near Misses)	0

THROUGHPUT TOTALS and AVERAGES AT PODS	
Total throughput of patients per hour (Average over entire operational period)	476
Highest total throughput per hour	500
Lowest total throughput per hour	Unknown

VACCINES (Delivery, Custody, and Control)	
Date and time vaccines received	November 8, 2006, 0900
Total number of vaccines received	459 vials or 4,590 adult doses
Total number of vaccines disbursed	1,903
Total number of vaccines lost, discarded, or determined bad during the exercise	Unknown, tracking listed as concern
Total number of vaccines remaining at conclusion of the exercise	2,680 or 2608

SECURITY OF VACCINES	
Was chain-of-custody maintained?	Two supply personnel and one security personnel (Navajo Ranger) arrived with supply. Pharmacist verified quantity, signed the GRSSC form, sealed the boxes so that no one could utilize the contents and secured it in the pharmacy.
Was security of vaccines maintained throughout the exercise?	Armed police were in proximity of the vaccines and the refrigerator was never left unattended.

Ft. Defiance Indian Hospital

## Conclusions and Improvement Plan

### Issue: Communications

- Summary of Issue: Radio Communications not easily maintained with IC due to location of EOC base station; excess cross talk with other PODS on standard channel; hospital cell phones not reachable by direct dial off campus.
- Consequence: Minor delays in communicating with IC and between leaders.
- Recommendations: Accomplish above tasks.
- Actions: Revise communications plan; quotes being obtained for stand alone communications network at FDIH.

### Issue: Inadequate notification of drill start

- Summary of Issue: Both hospital operator and ED personnel were not aware of drill on November 9.
- Consequence: Minor difficulties with hospital cells; confusion of ED personnel with EOC operations in ED area.
- Analysis: Needs attention to detail.
- Recommendations: Include ED and operator notifications in plan.
- Actions: revise all-hazards plan.

### Issue: Participant fatigue

- Summary of Issue: even in 5 busy hours, staff were fatigued after early start. No rotation plan was in place.
- Consequence: staff became tired.
- Analysis: Need plan for rotation of duties.
- Recommendations: Include in plan checklist and tasks.
- Actions: revise plan.

### Issue: Intelligibility of speech at Education areas

- Summary of Issue: the two education areas in close proximity and required increased voice volume for effectiveness.
- Consequence: Educators were hoarse at end of exercise.
- Analysis: Areas need more isolation and a portable public address system.
- Recommendations: Obtain PA system and relocated education areas if possible.
- Actions: purchase two small PA systems.

### Issue: New patient medical records

- Summary of Issue: New patients to FDIH require new patient MR number which is given by Medical Records. Medical Records not easily contacted from PODS.
- Consequence: Delays for new patient registration.
- Analysis: Direct, facilitated communication is required between PODS registration and FDIH Medical Records.
- Recommendations: Establish direct link from PODS to Medical Records.
- Actions: Revise plan to reflect requirement.

### Issue: Difficulty with real time tracking of operational patient data.

- Summary of Issue: Unified Command requires timely accurate data on at least an hourly basis.
- Consequence: Delays for data capture and reporting with minor errors.

- Analysis: Planned data capture not included.
- Recommendations: Establish a position at each PODS to monitor and collect data on a continuous basis, including wasted doses and age groups.
- Actions: Revise plan to reflect requirement.

### Issue: Difficulty establishing identity of Unified Command personnel during communications

- Summary of Issue: Unified Command did not publish a full listing of personnel.
- Consequence: Confusion when answering calls from Unified Command EOC.
- Analysis: Full listing of personnel at higher headquarters is required.
- Recommendations: Unified Command publish such a list prior to start of exercise.
- Actions: Revise plan to ask for list on Day Zero.

### Issue: Special Needs Patient Access

- **Summary of Issue: Special needs** patients require minimum spacing between desks and floors clear of obstructions.
- Consequence: Some patients required additional assistance.
- Analysis: Special needs require improved planning process for PODS layout.
- Recommendations: Revise PODS layout to include clearance dimensions and clear access pathways.
- Actions: Revise plan to reflect requirement.

# GALLUP INDIAN MEDICAL CENTER

## Summary

The Gallup Indian Medical Center (GIMC) is unique in that it is not located on the Navajo Reservation, nor is it the only healthcare facility within the city of Gallup.

In order for an exercise of this magnitude to be successful, resources within the community had to be called upon. GIMC had already reached out to its community partners in the preceding months while preparing its pandemic flu plan. This made the planning process for the Exercise much easier since it paved the way for the planning group to begin contacting partners for assistance.

The planning process was very detailed. Each aspect of the exercise was analyzed and steps were taken to refine the process. The end result was, no unexpected issues developed. Communications and logistical segments became an issue. However, prior planning prevented any major disruption in the exercise. For instance, when the radios failed, cell phones and



Vaccines are received at the Gallup Indian Medical Center Incident Command.

ham radios operators became the primary means of communications.

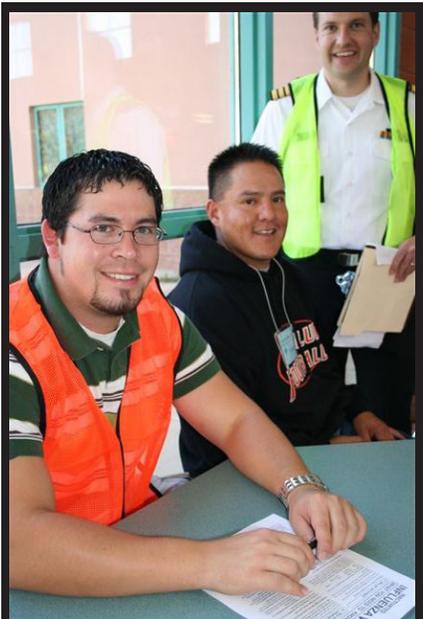
The objectives and goals of the sponsoring agencies as well as those for the local plan were achieved. 5,103 vaccinations were given in a five-hour time period at five PODS. 465 individuals and 22 organizations contributed to the success of the exercise. At one

POD site, an average rate of 420 throughputs per hour was achieved – well above our goal of 350 at this location.

Steps are being taken to consider the lessons learned to develop a plan of improvement. Overall the exercise was a successful event that can be duplicated in the future should the need arise.

Gallup Indian Medical Center

Exercise Event Synopsis



GIMC staff and volunteer at a Point of Dispensing Site.

The event began at the Gallup Indian Medical Center at 0545hrs when participants began to board buses that would take them to their assigned POD site. On the day before the event began the PODS were set up in pre-arranged configurations.

Upon arrival at the PODS vaccination of the participants began. As individuals from the community arrived they were greeted, medical history taken, given a questionnaire to complete, screened, educated and then vaccinated. After the vaccination they were observed for 10 minutes for any adverse reac-

tion. During the time of observation they were asked to fill out a survey regarding their experience. This sequence of events took place throughout the day.

During the course of the day the PODS called in to the Command Center the number of people waiting in each section of the process and the number vaccinated. PODs requested additional supplies, personnel and verification of credentials as needed. Most of the calls for additional assistance for supplies and manpower occurred during the peak vaccination period of 0900 until 1130 hours.

Gallup Indian Medical Center

PATIENT DATA (Mass Vaccination Exercise utilizing Seasonal Influenza Vaccine)	
Total number of patients screened	5,108
Total number of patients vaccinated	5,103
Total number of patients reporting adverse reactions	2
Total number of patients diagnosed with adverse reactions	2
Total number of accidents/incidents (OSHA recordable incidents and Near Misses)	2 (One needlestick and one fall)

THROUGHPUT TOTALS and AVERAGES AT PODS	
Total throughput of patients per hour (Average over entire operational period)	255
Highest total throughput per hour	420
Lowest total throughput per hour	166

VACCINES (Delivery, Custody, and Control)	
Date and time vaccines received	November 8, 2006, 0802 hours
Total number of vaccines received	480 vials; 1,500 pre-filled injections received from other sources (1000-NMDOH; 500 RMCH)
Total number of vaccines disbursed	0
Total number of vaccines lost, discarded, or determined bad during the exercise	-
Total number of vaccines remaining at conclusion of the exercise	184 vials, 915 doses of pre-filled injections

SECURITY OF VACCINES	
Was chain-of-custody maintained?	Yes.
Was security of vaccines maintained throughout the exercise?	Yes.

## Gallup Indian Medical Center

### Conclusions

GIMC will continue to strive for success in public health preparedness and response. Suggestions for improvements have already been given to the Executive Management Team. Participating staff became aware of personal attributes contributing to the success of this event and may use this knowledge to contribute to future exercises.

As many documents (e.g., minutes, forms, personal recollections, photographs, newspaper articles.) as possible will be archived for future planning. Unfortunately, it is predicted that this exercise was a prelude to an actual event in the future. This knowledge ought to encourage all participants and organizations to keep up the spirit of cooperation demonstrated in this exercise.



This bus transported GIMC staff and volunteers to their POD site.

### Improvement Plan

The most critical tasks in this exercise involved the distribution of the vaccine, screening and educating of the public, the process of vaccinating individuals, and observation for adverse reactions. In summary, all of these tasks were completed without any adverse outcome.

The reason for the success of the event was planning. Even before the final planning stage of the exercise began, GIMC had begun to

prepare. The pandemic flu workgroup had reached out to the major civic and healthcare organizations for their assistance in preparation for a pandemic flu outbreak. The NAIHS PODS Planning and Operations Guide was used to orientate the planners on the process.

Each critical segment of the vaccination process was analyzed; for example, various members of the community served as interpreters

to ensure community members became familiar with the vaccination process. Questionnaires that individuals completed before the screening process were reviewed for any possible issue the staff believed may cause a delay in the process. Physicians were assigned to the PODS to evaluate individuals whom the reviewers believed to be at risk. The injectors were all screened to show competency in vaccinating various age groups.

# HOPI HEALTH CARE CENTER

## Summary

**S**cenario - A pandemic influenza outbreak has occurred, which requires the delivery of vaccine from the Strategic National Stockpile along with administering large amounts of vaccine to the general public. This exercise used flu vaccinations and tested the Hopi Health Care Center (HHCC) and community response to a large scale vaccination event.

The Mass Vaccination Exercise was an overall success. While the planning process had barriers to achieving full participation for this multi-agency event, the actual exercise itself did result in cooperation among the agencies represented.

The point of distribution site administered 1023 vaccinations within a 4 hour period. Good patient flow, traffic flow and team work among staff resulted in high satisfaction among the general public. Minor issues identified during the exercise were effectively addressed in the field. Areas that require improvement are the forms that were used for this exercise, along with training on the use and availability of the forms. Despite having almost 100 staff and volunteers for the exercise, staff distribution was not optimized in key delivery areas. Staff dedicated to students and young patients was limited, while staff dedicated to the adult patients were sufficient. Internal redeploy-

ment of staff may have addressed the shortage. Additional vaccination stations dedicated to this younger population are required. Resources for elder patients should be clarified. Elder resources should account for patients in wheel chairs and those using walkers. Unique educational requirements for older patients will require greater time allowances for questions and answers. Lastly, shortfalls did occur in signage for traffic and the Hopi Tribe supplying a working Tac-Pak (mobile, wireless communications device).

- Service Unit Population - 16,000
- Hopi Reservation Population - 7,000
- Hopi Health Care Center Active User Population - 7,000 (includes primarily Hopi & Navajo users)
- School Populations:
- Reservation school population is - 2,000 students and - 400 staff
- Hopi Jr/Sr High School - 780 students and 150 staff (included in above figures)
- Influenza Vaccine:
- Ordered Doses: Adult - 3,200, Pediatric - 770
- Administered in 2005: Adult - 2,700, Pediatric - 420

HHCC Executive preliminary planning for the clinical portion of the Exercise.

- We expect 1,000-1,500 vaccine administrations
- Based on this planning and some research this is what we have identified as a minimum number of staff
- Triage/Pre-Screen - 4
- Education (mass classroom education of about 30 recipients at one time) - 4
- Patient Registration - 6
- Vaccine Prep & Dispense - 6
- Vaccine Administration - 10
- First Aid Station - 2
- Flow Control & Evaluation - 2
- Runners - 2
- Translators - 2

**Duration and Date:**

POD hours of operation  
11/9/06 8 am – 12:00 pm

**Mobilization/Demobilization:**

11/8/06 8 am- 5 pm.  
11/9/06 7 am – 4 pm.

**Sponsor:** The Hopi Health Care Center, IHS and the Navajo Area, IHS

**Type of Exercise:** Full-Scale Exercise. (FSE)

Funding Source: Prior year HRSA hospital grant (bioterrorism preparedness) funds from AZ Department of Health Service (identified as QMS) and direct HHCC operational budget.

Hopi Health Care Center

## Exercise Event Synopsis

PATIENT DATA (Mass Vaccination Exercise utilizing Seasonal Influenza Vaccine)	
Total number of patients screened	906
Total number of patients vaccinated	891
Total number of patients reporting adverse reactions	0
Total number of patients diagnosed with adverse reactions	0
Total number of accidents/incidents (OSHA recordable incidents and Near Misses)	0

THROUGHPUT TOTALS and AVERAGES AT PODS	
Total throughput of patients per hour (Average over entire operational period)	256
Highest total throughput per hour	261
Lowest total throughput per hour	167

VACCINES (Delivery, Custody, and Control)	
Date and time vaccines received	November 8, 2006, 7:30 am.
Total number of vaccines received	1,500
Total number of vaccines disbursed	891
Total number of vaccines lost, discarded, or determined bad during the exercise	Three vials of adult flu vaccine (30 doses) and five doses of pediatric vaccine were wasted, secondary to the vaccine freezing in the styrofoam storage container. Minor quantities of vaccine were wasted because of bent needles and syringes losing some of the dose in the cap.
Total number of vaccines remaining at conclusion of the exercise	579

SECURITY OF VACCINES	
Was chain-of-custody maintained?	Yes.
Was security of vaccines maintained throughout the exercise?	Yes.

## Hopi Health Care Center

## Conclusions

Overall, this exercise was a great success. HHCC staff response was remarkable, with staff being very flexible and having a good understanding of the purpose of this exercise and their respective roles. Initially, participation in the planning for this event from local agencies was weak. However, efforts of coordinators later resulted in the necessary support and participation from

other local agencies. Community response was excellent resulting in 1023 individuals vaccinated within the 4 hour time frame, with an average throughput of 256. Effective communications were quickly established and maintained. Some identified areas for improvement include problems with the forms, not enough elder specific resources, need for more staff, need

for additional stations/equipment and problems with drawing up the vaccine. Features that worked well include good patient flow, good overall layout, good team work, effective organization, triage and effective traffic control. The results of this exercise will be used to further refine emergency response plans and training for responding to this type of event.

## Improvement Plan

Based on recommendations from participants, improvements will be made to existing emergency response plans and further refine the pandemic flu plan to include more staff, additional translators, plan for more frequent change of shifts for staff, anticipate needs for additional supplies and equipment and add age appropri-

ate equipment to include pediatric population. Communication with local agencies will be maintained and community wide emergency response plans shall be enhanced to reflect the coordination necessary to train, militate against, prepare for, respond to and recover from the effects of a mass emergency such as a pandemic outbreak.

The results of the exercise will be shared with staff, other participants and the community as one means to inform and educate about mass emergency response. Other training will be coordinated through HHCC Safety, Hopi Tribe's Emergency Response program, Navajo County and the State of Arizona.

# KAYENTA SERVICE UNIT

## Summary

This report serves as a summary of the 2006 Regional Mass Vaccination Exercise conducted within the Kayenta Service Unit on November 9, 2006.

Kayenta Service Unit Incident Command activated the top tier of their All Hazards Emergency Management Plan. The Top Tier consisted of Incident Command, Safety Officer, Public Information Officer, Liaison Officer, Planning, Operations, Logistics, Communications, and Finance. Navajo Area officials were contacted by Incident Command to obtain exercise objectives through the planning sessions. Incident Command convened weekly two-hour planning sessions with other top-tier officials, local agencies, and community members.

On October 25, 2006, Public Information Officer for Kayenta Service Unit planned an eight-hour Pandemic Flu training session for the general public; however there was poor attendance by the intended audience. Health Education staff were assigned to make an educational one-page pocket size handout that defined pandemic flu, prevention measures, and signs and symptoms of influenza. The handout was provided to staff, local



A seasonal Flu shot is administered to a community member at the Kayenta Boys and Girls Club. Kayenta Service Unit boasted the highest throughput per hour.

community members, and other agencies. The planning sessions allowed for follow-up on assignments and troubleshooting of problems.

A major problem identified early was that the MOU with the local high school was not considered legal/binding by the Acting School Superintendent; thus the decision was made to move to the alternate site at Kayenta Recreation Center. The local Chapter Officials were very willing to assist in any way they could.

Planning, Operations, Logistics, and Communications Chiefs met outside the weekly planning sessions with their specific assigned staff to ensure adequate staffing, safety, supplies, and equipment

were available for November 9, 2006. The original Incident Commander experienced medical hospitalization and the second tier Incident Commander was designated. The new Incident Commander then re-assigned the Safety Officer and Logistics Chief positions.

Set up at Kayenta Recreation Center was completed by using Navajo Area PODS Guidelines and other internet sites information.

The decision to close the regular clinics on November 11, 2006, the day of the Exercise was made by the CEO. A decision was made by the Incident Commander to re-assign satellite Clinic staff to one area of operation in order to better utilize staff, supplies, and equipment. Staff were instructed to report to Kayenta Recreation Center at 0500 on November 9, 2006 to complete set up, sign in, and receive assignments.

Communications set up computers for patient registration, coding, and data entry. Radio communication and phone lines were scarce to not available.

Schools sent several busloads of students at once instead of staggering the busloads as originally planned. Reorganization of set-up

Kayenta Service Unit

was required in order to achieve rapid immunization of students.

Evaluators were assigned and roamed throughout the staging area. Total Vaccinated: 5,740; Total

Evaluations completed: 2,714. Overall event was successful and objectives was met.

## Exercise Event Synopsis

PATIENT DATA (Mass Vaccination Exercise utilizing Seasonal Influenza Vaccine)	
Total number of patients screened	5,770
Total number of patients vaccinated	5,740
Total number of patients reporting adverse reactions	1
Total number of patients diagnosed with adverse reactions	1
Total number of accidents/incidents (OSHA recordable incidents and Near Misses)	1

THROUGHPUT TOTALS and AVERAGES AT PODS	
Total throughput of patients per hour (Average over entire operational period)	638
Highest total throughput per hour	1,200
Lowest total throughput per hour	500

VACCINES (Delivery, Custody, and Control)	
Date and time vaccines received	November 8, 2006, 12:00 p.m.
Total number of vaccines received	459 vials (35 vials not included in this count; received prior to 11/08/06)
Total number of vaccines disbursed	5,740
Total number of vaccines lost, discarded, or determined bad during the exercise	26 dosages unusable; non-functioning syringes
Total number of vaccines remaining at conclusion of the exercise	125

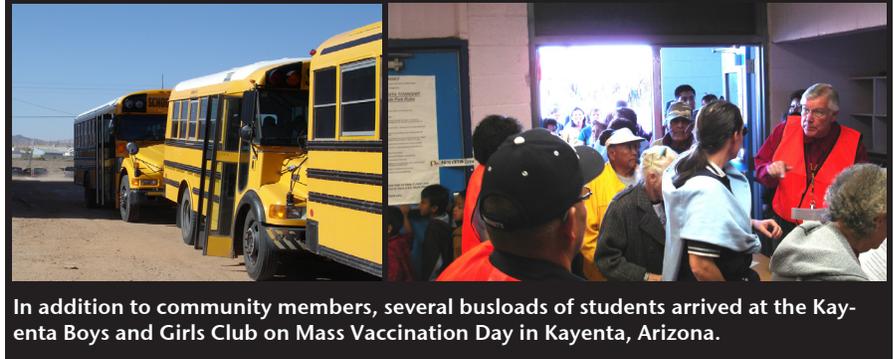
SECURITY OF VACCINES	
Was chain-of-custody maintained?	Yes.
Was security of vaccines maintained throughout the exercise?	Yes.

## Kayenta Service Unit

### Conclusions

Overall, the All Hazards Emergency Management Plan worked. Kayenta Service Unit was able to sufficiently staff and demonstrate how to mass vaccinate our service unit population. Local agencies were able to set aside their differences and unify to achieve the Kayenta Service Unit's goals and objectives. Listed below are some issues that will be addressed before the next exercise:

- Specific job training is needed for all staff in HICS and NIMS.
- Communication should have been clear on the command structure.
- Procure and have on hand sufficient communication equipment; radios, telephones, laptops, Blackberry, walkie-talkies, etc.
- Establish an MOA to set up emergency communication lines; data and video lines on demand through Navajo Frontier Communications.
- Establish an official/legal MOA with the Chapter House and



In addition to community members, several busloads of students arrived at the Kayenta Boys and Girls Club on Mass Vaccination Day in Kayenta, Arizona.

- Township for alternate care sites.
- Contact and establish an official/legal MOA with the Navajo Nation Transit System to provide mass transportation service.
- Establish a clear and concise job action sheet for all the participants and their assigned duties.
- Ensure correct PCC forms are readily available.
- Procure additional vests that identify personnel and their job duties.
- Security needs to enforce IHS policies concerning wearing of Identification badges.
- Locate and centralize all job action sheets.
- We will ensure the availability of Hand receipts issued for borrowed properties.
- Procure and secure wheelchairs for emergency purposes.
- Ensure forms and educational materials are legible and easily read.
- Procure privacy screens and directional guides for patient safety.
- Increase flu education for staff and patients.
- Be assistive in data collections (evaluation forms).
- The Finance Department was delegated to keep track of time and needs to be in place an hour before the start of the drill.

### Improvement Plan

Review and revise existing plan to include new recommendations. The safety and infection control officers to submit a request to introduce business (RIB) to the Kayenta Service Unit Leadership

Team for review and approval. Provide education and training to all staff on revised Emergency Management Plan. Schedule HEICS training with Environmental Health Support

Center before February 2007. Provide on-line NIMS training to all key personnel by February 2007. Communication Officer will research and request identified additional equipment.

# SAGE MEMORIAL HOSPITAL

## Summary<sup>1</sup>

Sage Memorial Hospital had 1,305 requests for vaccination at the 2006 Northern Regional Mass Vaccination. In six hours of operation this POD site averaged 218 patients per hour throughput. One adverse reaction was observed and transported to the hospital. No emergency credentialing was necessary.

Unified Command base radio was not working initially. However,

later in the exercise radio communications were established and went well. Sage Memorial was unable to access the Incident Management System and subsequently communicated through the phone system and by fax. This proved that redundancy in an operations plan is effective. The phone and fax systems were the third and fourth redundant modes of communication with the Unified Command Center in St. Michaels, Arizona.

Respectful relationships and the Chain-of-Command were followed.

Sage Memorial Hospital did not provide team briefing reports prior to the exercise due to emergency executive meetings. Sage Memorial Hospital expects better participation for the next exercise.

Note: <sup>1</sup>After Action Report is not available; the summary herein was provided during the Hot-Wash.

# WINSLOW HEALTH CARE CORP.

## Summary

**Exercise Name:**

2006 Regional Mass Vaccination Exercise

**Duration:**

3.5 hours operational time, 9am-2pm (Includes Set-up)

**Exercise Date:**

November 9, 2006

**Sponsor:**

NAIHS

**Type of Exercise:**

Full-Scale Exercise

**Scenario:**

Pandemic Influenza Outbreak

**Location:**

PHN Building, Dilkon Health Station, Dilkon, AZ

**Participating Organizations:**

NAIHS and Navajo Division of Health (NDOH)

**Participants:**

WIHCC, Little Colorado Medical Center, Navajo County, Community Health Representative Program, NDOH, EMT, NDOH

**Number Of Participants:**

Approximately 50 participants, including staff, planners, evaluators and observers

## Exercise Event Synopsis

PATIENT DATA (Mass Vaccination Exercise utilizing Seasonal Influenza Vaccine)	
Total number of patients screened	-
Total number of patients vaccinated	385
Total number of patients reporting adverse reactions	1
Total number of patients diagnosed with adverse reactions	-
Total number of accidents/incidents (OSHA recordable incidents and Near Misses)	-

THROUGHPUT TOTALS and AVERAGES AT PODS	
Total throughput of patients per hour (Average over entire operational period)	110
Highest total throughput per hour	-
Lowest total throughput per hour	-

VACCINES (Delivery, Custody, and Control)	
Date and time vaccines received	November 8, 2006, between 11 a.m. - 12:00 p.m.
Total number of vaccines received	1,700
Total number of vaccines disbursed	1,000
Total number of vaccines lost, discarded, or determined bad during the exercise	0
Total number of vaccines remaining at conclusion of the exercise	615

SECURITY OF VACCINES	
Was chain-of-custody maintained?	Chain-of-custody was maintained.
Was security of vaccines maintained throughout the exercise?	Security of vaccines was maintained.

Winslow Health Care Corp.

## Conclusions

Overall, WIHCC Incident Command Structure (ICS) and the policies/procedures to operate the structure were carried out

as expected. Problems were identified and quickly resolved. Events both past, present and future across the globe makes it neces-

sary to refine plans, procedures and training for such mass vaccination incidents.

## Improvement Plan

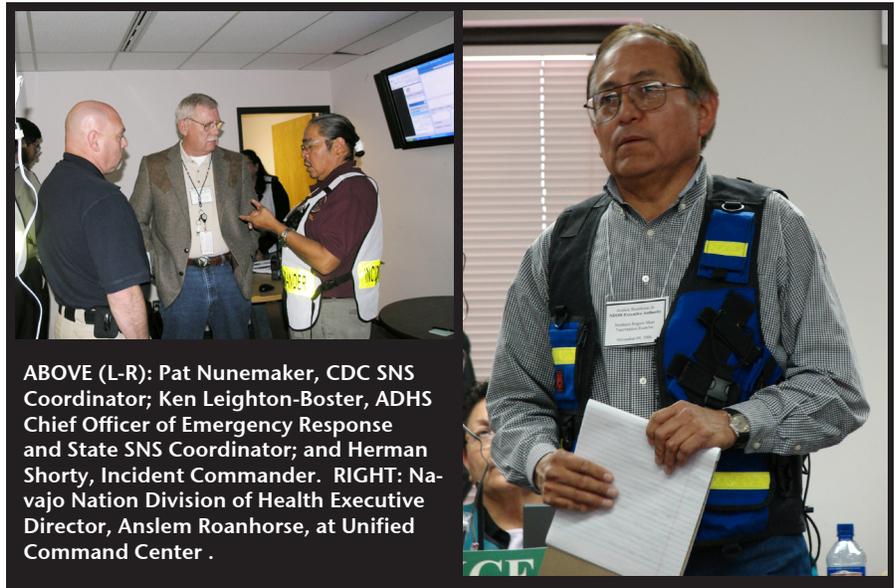
- Plan for PODS in Indian Wells or Winslow to gain better understanding of site and logistics
- Extensive planning to the point of excessive,
- One position (person) on the ICS doing too much work-need to provide help,
- More education on the use of hand-held radios,
- The need to continue to work with outside agencies particularly supply needs and credentialing issues so we are on the same page,
- Education on the ICS along with 3 alternates,
- Get more communication towers on the Reservation,
- Better participation from the Incident Command Team,
- Not enough hand-held radios,
- Need for signs identified
- Get all parties involved in the planning earlier
- Start at appointed time. Late start may have contributed to issues with volunteers signing in/out, credentialing and vaccine tracking
- Larger Incident Command Center (ICC). Current room, Administrative Conference room is too small



# NAVAJO NATION DIVISION OF HEALTH

## Purpose of Exercise

- Central Office - Demonstrate the capacity to administer Mass Vaccination to a population at a rate of approximately 300 injections/hour;
- Assess staff capability to demonstrate classroom application of NIMS and other public health and emergency preparedness skills; and
- Establish a baseline of Navajo's first Mass Vaccination exercise with a record number of 15 participating PODS.
- Document cost analysis associated with the Mass Vaccination by Program.
- Chinle: An exercise to develop team work to address an emergency situation in an organized & calm manner, and in the process to do the best we can to help others.
- Tsaille: Develop partnerships to administer flu vaccinations as a benefit to the general public; Test the capacity to mass-vaccinate several communities by providing over 2,000 flu vaccines to community members; Test participating organizations abilities to operate Unified Command Post with multi-agency interoperable communication & coordination; and Prepare & conduct Regional



ABOVE (L-R): Pat Nunemaker, CDC SNS Coordinator; Ken Leighton-Boster, ADHS Chief Officer of Emergency Response and State SNS Coordinator; and Herman Shorty, Incident Commander. RIGHT: Navajo Nation Division of Health Executive Director, Anslem Roanhorse, at Unified Command Center .

- training exercise for a public health emergency.
- Fort Defiance: Preparing & testing local organizations to operate a mass vaccination drill & receiving training, if we should ever need to utilize such task; and develop partnership between multiple agencies & using the Unified Command Center/EOC.
- Gallup: Apply training attained into the Mass Vaccination exercise; Afford staff participation in the local PODS planning; Prepare community educational materials; and Identify the

- roles & responsibilities of the Command System; Attempt to prepare people (and staff) of expectations in the event of an outbreak;
- Crownpoint: Extremely overwhelming. The performance of the Educators presented fast pace education.
- Tuba City: Become familiar with the Incident Command System, so that in case of an emergency we all would be prepared to respond.
- Rate: Fair to Very Good

Navajo Nation Division of Health

## Strengths Demonstrated and Areas of Improvement

### Strengths Demonstrated

#### Central Office:

- NIMS trained NDOH Personnel,
- NDOH presence with the I.H.S. Mass Vaccination exercise,
- Most demonstrated the confidence and capacity performing under the SU Incident Command compared to their I.H.S./SU counterparts
- Ability to serve as Certified Medical Interpreters
- Communicate in the Navajo language, as interpreters and translators
- Applied knowledge of medical terminology, anatomy and physiology
- Established a baseline of a documented and evaluated exercise
- Reliable and committed Health Education workforce
- **Chinle:** Teamwork among entities and skills displayed to treat people professionally at a very intense time
- **Tsaile:** Component of health education was well prepared, organized and effective education provided; Presenters continually provided hand washing education throughout the day; and Break time among the providers was well planned with coverage at all times.
- **Fort Defiance:** Multiple providers applying bilingual

languages (Navajo/English); the educational material component was prepared, organized, and understandable.

- **Gallup:** Involvement with the SU planning from the beginning; Supervisor ensured the Program was represented, visible and participated at all meetings – this was demonstrated by completing required SU assignments and following through on roles and responsibilities; large turn out of people; staff reported they were very much occupied during the exercise and it was fun; Met new people; and it was nice to help with the community; flow of the crowd went smoothly during the execution and staff transportation with positive staff outcome at each POD; worked together as a team; and exercise will let us know how the real thing would be done.
- **Crownpoint:** As Educators, we knew the topic well that we delivered to our audience.

#### Areas of Improvement

- Training needed on software
- DOH personnel explore other section function
- **Chinle:** the weak area was there were only two of us (health educators) and we were not organized, but we had to adjust throughout the day, i.e.

we needed a method to educate a large group of people at one time with the aid of a megaphone or loudspeaker system; major role in event with little participation prior to event.

- **Tsaile:** Recommendation by the Evaluator – at future drills, ensure a microphone is used to assure all participants hear the education
- **Fort Defiance:** Microphone needed for education
- Refresher course on exercise drills, NIMS, and others
- Improve public information advertising the Mass Vaccination at schools, head start programs, and worksites
- **Gallup:** post flyers (vaccination announcement) earlier than one week; Participants needed training on role expectations in certain fields; plan more exercises; plan for handicapped accessibility and room; the weakest point was that we didn't get a lot of people to come and we had three locations open, other locations did more, even if they only had one location;
- **Crownpoint:** Active participation from all educators from Health Education, HPDP, and CHRs.
- **Tuba City:** Increase the number of interpreters and translators in the Navajo language; increase the size font on the evaluation form which the

clients were asked to complete; provide some chairs for those disabled or the elderly population – perhaps a separate line of service for this group; and

add more registration lines w/more staff with computer skills. Parents with children were in a hurry and refused to complete questionnaire on

## Navajo Nation Division of Health

each of their children. School Teachers refused to complete the survey form on the number of students, grade level and school name.

## Level of Participation in Exercise

### Training: Central Office

- HE personnel in NIMS 700, 800, 100 courses; University of Arizona Public Health Preparedness Module; Answering the Call,
- Chinle: brief training process on educational materials and radio

### Planning: for Staff Training

– see previous section.

- WRCO: 06/06 I.H.S. Pandemic Influenza Meeting, Page, AZ
- **Chinle:** charged with organizing educational materials and staff to man the station
- **Tsaile:** Spearheaded the education component by preparing 2500 packets, participated in all meetings, and recruited staff; attended all meetings at both the Chinle and Tsaile locations; Spearheaded Tsaile’s education component; and recruited both tribal and I.H.S. staff.
- **Crownpoint:** Assisted with exercise planning, organizing, and communication by attending meetings. Helped prepare educational guidelines.

- **Fort Defiance:** Responsible for health education component of exercise whereby 2 Influenza posters were developed, and distributed vaccine information; recruited Department of Youth to assist with traffic control at the education booths.
- **Kayenta:** Attended and participated in all meetings; contacted chapters & schools to become a partner in exercise. Health Education Program served as Liaisons’ between the Kayenta Health Center and schools & communities.
- **Tuba City:** Explain quarantine, flu shot, brief history of pandemic influenza, seasonal flu, emergency preparedness, hand washing, respiratory infection, and explained the survey questions, aiding the elderly in reading and completing the forms. The Navajo language interpretation was very important.
- **Winslow:** Attended emergency preparedness meetings every 3rd Friday of the month; registered with WIHCC in Pandemic Influenza Vaccination drill; WIHCC worked with

Navajo County BT Program where their technical assistance enabled Dilkon station set-up;

### Communication

- **Central:** Planning section worked with each Section by reporting to technical staff for computer set-up and other trouble shooting concerns, I.H.S. planning personnel applied training of the communication system, periodically monitored section for technical assistance, recorded SU reports and verbally reported hourly to Unified Commanders.
- **Crownpoint:** HE was responsible for the Navajo translation/interpretation.
- **Gallup:** communication played a big role and (staff) participation; met new people from other departments whereby I was able to associate names with faces and establish networking; voiced input with the educational materials development; Observed diverse cultural, language, and impairment disability – download

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## Navajo Nation Division of Health

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printed educational materials in both the English and Spanish languages; worked with Rehabilitation Recourse for sign language volunteers;

- **Kayenta:** Communication was fair; needs improvement between supervisors and subordinates at the Service Unit level.
- **Winslow:** WIHCC MIS department was charged with communication lines, i.e. video monitoring, two-way radios,

satellite phone, internet, patient registration

### Exercise:

- **Central:** 10/06-08/06 practical application of classroom skills learned.
- **Chinle:** Sr. H. E. assigned as Health Education Leader under the Operations' Chief
- **Gallup:** Office Specialist role was Navajo Translator and Exit door personnel; Sr. H. E. and temporary Office Specialist

served as Navajo Interpreters; temporary Office Assistant was the Greeter at Gallup Central HS by assisting with inquiries, escort people to registration, and attended GIMC meetings.

- **Kayenta:** 10/06 – 08/06 Practical application of classroom skills learned.
- **Winslow:** WIHCC POD manager, PIO, and Drill lead evaluator surveyed Dilkon PHN building space, phones, electrical outlets, rooms, parking, etc.

## Demonstrated Capabilities

- Planning Section – 2 I.H.S. personnel assigned were very knowledgeable of the IMS system application; my skills are at a baseline zero. There were moments of idleness which were immediately replaced by preparation and report.
- Program capabilities – fair to average in terms of their training, more exercise and situational scenarios will increase confidence; few did not immediately recall NIMS training, thus became frustrated in the exercise.
- Personnel capabilities – personal application of most staff demonstrated confidence, a very select few became frustrated i.e. did not leave their station for breaks, and a trained staff chose not to participate for reasons unknown.
- **Chinle:** We were the first

contact to the public coming in; staff demonstrated professionalism in answering questions and provided information needed on seasonal flu, Covering Your Cough, and vaccination. All Staff involved were capable and experienced in public health education.

- We have the capabilities, just that we needed to be a little more organized and have some equipment on hand.
- **Tsaile:** Per evaluator's report at the debriefing, the education component was well organized and staff support was coordinated; overall report was excellent!
- **Crownpoint:** Staff comprehended educational material content and implemented the education very good, doing an excellent job.
- **Gallup:** Staff commitment to

exercise and their roles and responsibilities. Participation by communities, local business, and other entities cooperated. Cooperation between NN Health Education Program and GIMC worked well for breaks, aiding patient screening, and demonstrated good team work.

- **Kayenta:** Primarily staff charged with education section & disseminating information, interpreters and translators, including assigned to the Quarantine and Evaluation areas. Our staff actually had an input from the initial phase of the planning stage and on through the exercise. We were charged to educating the community and school about the Mass Vaccination Day.

## Refining the Exercise

- Plan at least a year in advance, as our Program had months planned in advance for CEU training prior to Mass Vaccination notice and meetings. This impacted Program for cost incurred to changed travel plans. Selected months programs have commitments with funding source, required training, etc.
- Standardized Educational procedures plan is suggested to ensure public receives consistent messages
- Plan training at least a month notice in advance, a noticeable pattern of training announcements come a few days prior to training date.
- Suggest NDOH organize a team to develop program procedures that delineate roles and responsibilities by May 2007.
- **Chinle:** This year we had a better understanding and utilization of the I.C.S. Using this



system helped us to organize our action and the manner we should interact with other agencies during a disaster. We realize, we hold a very important role in connecting with the public to disseminate accurate information. NIMS 700 and 100 trainings better equipped us to function and appreciate

an organized structure. We will need refresher courses, radio operation training. Involve all NDOH programs in training and drills/exercises. Ensure Dr. Bender keeps NDOH updated on developing Avian Influenza information. All in all, Chinle staff did an excellent job in conducting the health education portion of the drill for 2006, even though we had to re-strategize a couple of times.

- **Tsaile:** Only 15 minute break for lunch allowed.
- **Tuba City:** Plan to arrange a setting for elderly who have trouble walking. It was difficult for them to wait in the long lines; chairs were offered to them. Need more Navajo speaking personnel for translators; need more registration personnel with computers; lines were held up at the Registration table.

# APACHE COUNTY

## Summary

The North Region Pandemic Influenza Mass Vaccination Full-Scale Exercise (FSE) was a 1-day, multiple-agency exercise with one central scenario. The purpose of the exercise was to establish a learning environment that familiarized agencies with protocols for responding to the need to initiate mass vaccination clinics for responders, health care providers and the public in the event of a pandemic influenza.

The scenario initiated 15 (fifteen) mass vaccination clinics to be run on the same day and transfer of medications and supplies were orchestrated between the clinics. CDC guidelines for the number of vaccinations to be given per hour, operation of a mass vaccination clinic, communication with command and control centers, utilizing the Incident Command Systems (ICS), security/safety during clinic operations and transfer of Strategic National Stockpile (SNS) assets

were the target objectives for the clinic locations.

The following reports detail information gathered from the Apache County Mass Vaccination Clinic (MVC) held in Eagar, Arizona at the Round Valley Unified School District Dome.

Major strengths demonstrated during the exercise included the following:

- Safe, successful vaccination of 687 individuals
- Communications and redundant communications tests
- Collaboration with local partners and stakeholders
- Successful communication with Unified Command managed by Indian Health Services – Navajo Division
- Clinic operations were managed using the ICS structure
- Volunteer management prac-

tices were utilized to support operations

During the “hotwash” and in preparation for the After Action Report (AAR) details for improvement were documented. While the overall effort was a success, the following categories were discussed and improvements are noted later in this report:

- Parking and Public Transfer to Clinic Area
- Volunteer Registration
- Patient Registration
- Triage
- Vaccination Stations
- Behavioral Health
- Curbside Vaccination
- Draw Station
- Rehab and Break Area
- Administration
- Incident Command System
- Department Operations Center (DOC)

## Exercise Event Synopsis

The 2006 Northern Region Pandemic Influenza Mass Vaccination FSE was designed to meet the goals and objectives defined by participating agencies. Exercise activity centered around one fictitious event of an emerging Influenza Pandemic affecting large numbers of the general public and the need to vaccinate those individuals per CDC protocol.

This fictitious event portrayed the need to deploy the Strategic National Stockpile (SNS) and initiate mass vaccination clinics in multiple

locations to control the emerging infectious disease spread.

All clinics were to begin operations on the same date during the morning hours to deter the public panic or migration to other geographically located clinics that may be near their residence. All participating Mass Vaccination clinics agreed to use the Incident Command Structure (ICS) at the clinic location, some operating through a Department Operations Center (DOC), to communicate exercise information to the Unified Command.

Each clinic agreed to track data on throughput of public receiving vaccinations, adverse reactions, communications deficiencies, and notify Unified Command through incident log data entry through two available web-based incident log management systems.

Each clinic operation also agreed to conduct a “hotwash” immediately following clinic operations to provide information for corrective action.

## Conclusions

The North Region Mass Vaccination FSE successfully achieved the goals and objectives which were determined to be needed to implement a response for Mass Vaccination Clinics due to an emerging Influenza Pandemic.

Participants managed clinic operations through the following activities:

- applying emergency response plans
- using the Incident Command Structure
- exercising the decision-making process
- medical monitoring of clinic

operations

- agency interface
- training of volunteers and staff
- interoperable and redundant communications systems
- safety and security at the MVC site

The exercise scenario tested plans and concepts regarding support and preparedness, and the participants demonstrated that their commitment and intent to support the response community and cooperate with one another was impressive, and was demonstrated in the successful outcome of the operation.

Participants were able to identify

several lessons learned.

IC/DOC activities were clearly organized and executed during the exercise. Additional training and exercise will promote this into a more seamless operation. Interoperable communications were noted as very effective between the IC and DOC, however just-in-time training is needed for volunteer staff.

Effective teamwork surfaced as a strength on the part of IC, DOC, and MVC staff and volunteers. Additional training is needed for IC staff and periodic briefings to IC staff during operations.

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## Apache County

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Additional radio communication training is needed for staff and volunteers.

After Action Report analyses are intended to provide the basis for continued development of planning and guidelines, equipment selection and responder training. Prioritizing the overall concerns,

coordinating with Federal, State, Tribal and local response agencies and utilizing resources and assets were among the significant achievements of this exercise.

## Improvement Plan

Recommendations	Improvement Action(s)	Responsible party/agency	Deadline
1. MVC – IC need to give more regular briefings to command staff.	a Schedule on-the-hour briefings with Command Staff during future exercises.	Incident Commander	08/31/2007
	b Hold significant event briefings with Command Staff, as needed, during Operations.	Incident Commander	08/31/2007
2. MVC – Personnel within IC need to be given adequate breaks and have additional personnel to allow for breaks.	Designate “float” or deputy position to relieve IC staff and other positions during operations.	Section Chief	08/31/2007
3. MVC – Need to define location containing information of designated Incident Command staff. Could not define command staff structure.	a Define location to post Incident Command Structure in MVC	Logistics Section Chief	08/31/2007
	b Develop signage to direct personnel to Command Structure Information area.	Logistics Section Chief	08/31/2007
4. DOC – Staff needed more frequent communications from Unified Command. Unified Command did not check-in with DOC operations for Round Valley.	Schedule regular contact with Unified Command	Unified Command Planning Section	08/31/2007
5. DOC – Need to utilize one incident log recording program. Multiple programs handling incident command logs may confuse or cause a loss of critical information.	Coordinate with Unified Command to standardize on primary web-based Incident Log system.	Unified Command/DOC	08/31/2007
6. DOC – No depth of personnel. Need backup personnel in DOC for specific positions.	Cross-train and develop more personnel to cover positions. Initiate IGA with surrounding agencies to supplement or relieve staff.	Apache County PHEP	08/31/2007

# NAVAJO COUNTY

## Summary

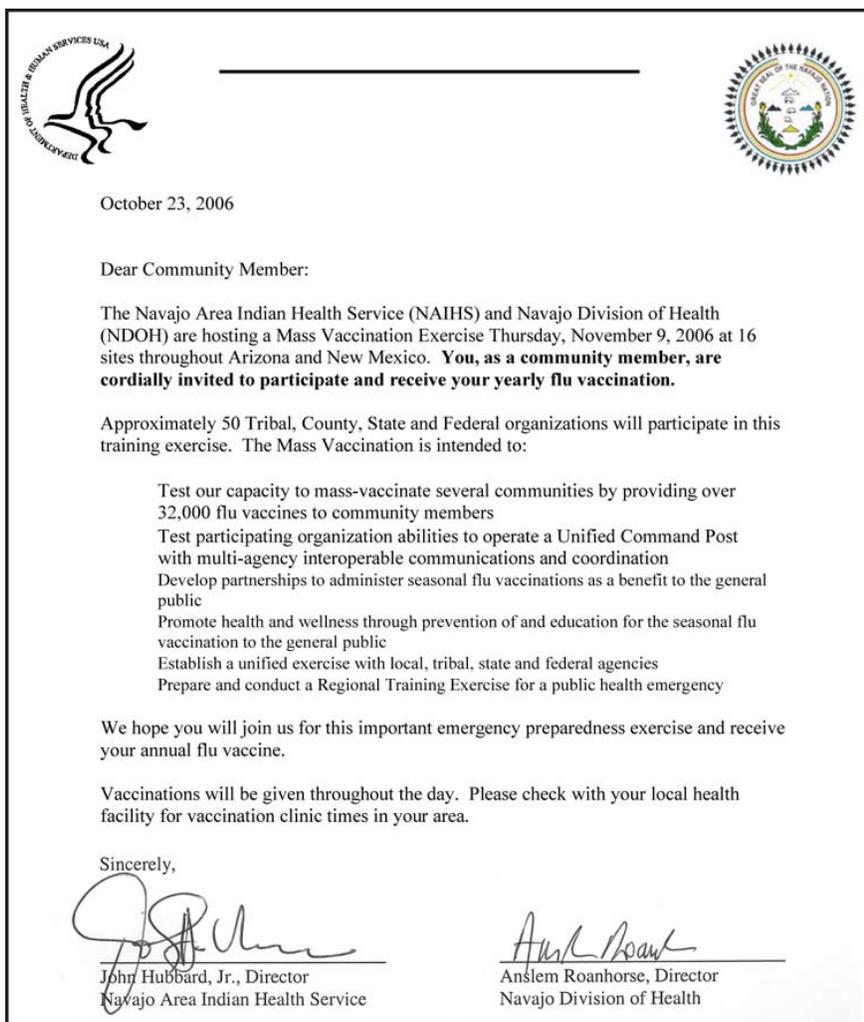
After Action Report was not available; did not receive information at the Hot-Wash.

# APPENDICES

## Listing of Appendices

1. Appendix A: Letter from NAIHS and NNDOH
2. Appendix B: Newspaper Advertising
3. Appendix C: Emergency Support Functions (ESF) and Homeland Security Presidential Directive Five (HSPD-5)
4. Appendix D: Customer Service Results

## Appendix A: Letter from NAIHS and Navajo Division of Health



# Appendix B: Newspaper Advertising

## To All Community Members IT'S TIME FOR YOUR ANNUAL FLU SHOT!

**Thursday, November 9, 2006**

Vaccinations will be given throughout the day on November 9, 2006 at various sites. Look for Flu Shot Flyers and check with your local health facility for vaccination clinic times in your area.

## THANK YOU, to our Partners and Community Members who received vaccinations for the success of the November 09, 2006 MASS VACCINATION EXERCISE!

The November 9, 2006, Mass Vaccination Exercise hosted by the Navajo Area Indian Health Services and the Navajo Division of Health was very successful.

NAIHS and NDOH personnel worked countless hours planning and preparing for this first-of-its-kind exercise on the Navajo Nation. Personnel were onsite at various sites well before 6:00 A.M. Thursday morning to stand up Unified Command.

The goal of the exercise was to vaccinate at least 30,000 individuals. NAIHS and NDOH are pleased to announce that we successfully vaccinated approximately 23,000 individuals at all 15 vaccination sites.

The success of this exercise is due in large part to the excellent relationships, partnerships and commitment of the following organizations:

Apache County Health Department  
Apache County Sheriff's Office  
Apache County Emergency Management  
Arizona Department of Health  
Bureau of Indian Affairs  
Chino Unified School District  
Hopi Health Center  
Hopi Rangers  
Hopi School District  
Navajo County  
Navajo County Bio-Terrorism  
Navajo Nation CDE  
White Mountain Apache (JIT Program)  
Navajo Division of Health  
Navajo Department of Behavioral Health  
Navajo Nation EMS  
Navajo Nation Emergency Management  
Navajo Nation Fire Department  
Navajo Nation Special Diabetes Program  
Navajo Indian Emergency Management Commission  
Navajo Nation Health Education Program

Navajo Nation Rangers  
Navajo Nation EMS  
Navajo Nation Department of Public Safety  
Navajo Nation DMV Internal Affairs  
Navajo Tribal Utility Authority  
Navajo Police (JIT Program)  
Window Rock School District  
Hopewell Boys and Girls Club  
JIT Office of Environmental Health  
Muskogee County Sheriff's Office  
Navajo County Sheriff's Office  
Navajo County Emergency Management  
Gallup Police Department  
Gallup Chamber of Commerce  
Gallup National Guard  
City of Gallup  
Gallup Emergency Management  
Gallup Fire Department  
Navajo Nation School District  
McKinley County School District  
Shawlow National Guard Armory

Phoenix Area IHC  
Navajo Area IHC  
I.H.S. Headquarters East  
IHS Supply Service Center (Perry Point)  
Navajo Nation Bio-Terrorism Office  
Utah Bio-Terrorism  
Utah Department of Health  
Tuba City Public School  
Chula LPCC  
New Mexico Department of Health  
New Mexico State of Emergency Mgmt.  
Red Cross  
Pinalook Health/Christian Hospital  
Arizona Dept. of Emergency Mgmt.  
New Mexico State Troopers  
CDC IHS Coordination Team  
DMH Office of the Secretary  
IHS IHS Emergency Services  
Sage Memorial Hospital  
Navajo Area IHC Health Facilities

If you have not received your flu vaccination, please call your local health care facility or health care provider today!

October 23, 2006

Dear Community Member:

The Navajo Area Indian Health Service (NAIHS) and Navajo Division of Health (NDOH) are hosting a Mass Vaccination Exercise Thursday, November 9, 2006 at 16 sites throughout Arizona and New Mexico. You, as a community member, are cordially invited to participate and receive your annual flu vaccination.

Approximately 50 Tribal, County, State and Federal organizations will participate in this training exercise. The Mass Vaccination is intended to:

- Test our capacity to mass-vaccinate several communities by providing over 32,000 flu vaccines to community members
- Test participating organization abilities to operate a Unified Command Post with multi-agency interoperable communications and coordination
- Develop partnerships to administer seasonal flu vaccinations as a benefit to the general public
- Promote health and wellness through prevention of and education for the seasonal flu vaccination to the general public
- Establish a unified exercise with local, tribal, state and federal agencies
- Prepare and conduct a Regional Training Exercise for a public health emergency

We hope you will join us for this important emergency preparedness exercise and receive your annual flu vaccine.

Vaccinations will be given throughout the day. Please check with your local health facility for vaccination clinic times in your area.

Sincerely,

Monty Hufferd, Jr., Director  
Navajo Area Indian Health Service

Audron Koshonov, Director  
Navajo Division of Health

Published and Designed in the Navajo Times 2006

## Appendix C: Emergency Support Functions (ESF) and Homeland Security Presidential Directive Five (HSPD-5)

NAIHS AND NNDOH TARGET CAPABILITIES	Exercise Focus	ESF-1 Transportation	ESF-2 Communications	ESF-3 Public Works/ Engineering	ESF-5 Emergency Mgmt.	ESF-7 Resource Support	ESF-8 Medical, Behavioral and Public Health	ESF-13 Public Safety and Security	ESF-14 Media Relations and Community Outreach	HSPD-5
Test portions of PHeP SNS Plan	X	X	X							X
Vaccines (Northern Region) NAIHS, NNDOH, Navajo Rangers and NNDPS	X	X	X							
Information Sharing and Collaboration	X								X	X
Exercise MOUs with schools	X					X			X	
ICS and Unified Command communications and structure	X				X					X
Test Security and MVC and PODS	X							X		
Assess safety for public and workers	X									
Volunteers capability to assist MVC	X									
Nursing capability for throughput during MVC	X						X			
EMS interface with MVC for Medical Transport and Assistance	X						X			
Non-Medical staff and volunteers capability to support logistics of MVC operations	X					X				
Activate MOU to obtain Behavioral Health assistance from local agency	X						X			
Train evaluators and assess ability to run overall operations	X				X					X
Assess command structure capability and interface	X		X		X					X
Implement statistics tracking of throughput - public receiving vaccine.	X						X			
Transportation capability for delivering supplies to MVC	X	X								
Test Inter-agency/Intra-agency communications during exercise	X		X							X
Test capability for release of Public Information from Health Department	X		X						X	
Capability of Health Department to escort Media/Dignitaries during MVC operations	X		X						X	
Communications with and operational/situational awareness of Unified Command Activity	X		X		X					

## Appendices

### Appendix D: Customer Service Results

Question	"Yes" Responses	"No" Responses
I was satisfied with the information received on the benefits and risk of the vaccination.	11,701	368
I was treated courteously by the staff.	11,916	176
The educational materials were helpful.	11,641	368
I was seen in a timely manner.	11,682	394
I received a vaccination.	11,906	139

At this time, there is no information regarding reasons for "No" responses. For the next Exercise, the Customer Service Survey will be refined to identify reasons for negative responses and address them. For example, a Likert scale or a multiple choice survey would allow for more detail in responses.