Recommendations/Improvement Plan

COVID-19 After-Action Report

November 2022
CONTENTS/OVERVIEW

• State of Preparedness prior to COVID-19
• Overview of FRCOG Covid-19 response coordination
• FRCOG COVID-19 AAR: Purpose and scope
• AAR Stakeholder Engagement
• AAR Findings & Recommendations
Informed by After-Action Reports from:

**Incidents:**
- H1N1 (2009)
- Tropical Storm Irene (2012)
- Conway Tornado (2017)
- HMCC Winter Storms Response Coordination (2017)

**Exercises:**
- Greenfield Bioterrorism Tabletop Exercise (2011)
- REPC Hazardous Materials Full-Scale Exercise (2016)
- Mass Casualty Incident Exercise (2016)
- Franklin Medical Center Surge Exercise (2016)

**Vetted through:**
- Municipal stakeholder surveys & convening (Fall 2019)

https://frcog.org/publication/view/18219/
State of Preparedness Report Findings/Agreements:

- Municipalities are not sufficiently aware of regional and neighbor communities resources, be they plans, goods, or equipment
- Many municipal stakeholders do not understand their role in emergency planning/response
- Large-scale emergencies require a more robust volunteer base
- Plans need to be operationalized and streamlined to be more effective
- FRCOG Preparedness Planners should be considered regional assets during response
- Franklin County preparedness committees (REPC, PHEP) should be reconfigured or merged to reduce redundancy and ensure greater collaboration amongst municipal stakeholders
- Capacity of the Franklin County Multi-Agency Coordinating Center (MACC) requires analysis
FRCOG Covid-19 Response Coordination Overview:

• Pre-Covid-19, FRCOG was assumed to have solely a planning role
  • FRCOG’s CPHS, as a regional health department, did have it’s own distinct response obligations within COVID-19 response, as any municipality would

• Equitable regional response coordination required the FRCOG to play a larger coordination role for all municipalities

FRCOG did not have command and control, but did play a key role in:

• Situational Awareness
• Risk Messaging
• Technical Assistance
• Operational Coordination
FRCOG COVID-19 AAR: Purpose and Scope

• Examine the FRCOG role in COVID-19 to inform future planning for emergencies that transcend municipal boundaries or mutual aid capacity

• Provide recommendations for the future based on findings

• FRCOG Preparedness staff undertook a separate, but related, AAR process specific to the Franklin County PHEP coalition and emergency dispensing plans as required by the funder (MA DPH)
FRCOG COVID-19 AAR: Stakeholder Engagement

**Surveys**
Issued December 2021 to:
- Boards of Health
- EMDs
- Health Directors & Agents
- Public Health & School Nurses
- Public Safety (Police, Fire, EMS)
- Selectboards/City Council
- Town Admins

**Targeted Interviews**
Held in January and February of 2022 with:
- MAPHCO Leadership
- EDS Section Leaders
- REPC Leadership
- FRCOG staff
- FRCOG Council
- FC Sheriff’s Office
- NW Incident Management Team

**Focus Groups**
10 sessions offered May through June of 2022 with:
- Boards of Health
- EMDs
- Health Directors & Agents
- Public Health & School Nurses
- Public Safety (Police, Fire, EMS)
- Selectboards/City Council
- Town Admins
Findings and Recommendations
CORRECTIVE ACTION 1:

Develop an overarching EDS plan for the County that is scalable and deployable at various locations within the region.

Identified in:
• FRCOG and PHEP AARs
• Surveys
• Interviews
• Focus Groups

Short and Long Term Steps
• Redesign/rewrite plan to only include necessary capabilities with identified execution location options throughout the County.
• Simplify plan with fewer, more robust capabilities.
• Leverage small pool of volunteers for a deeper bench instead of a thin bench with multiple unfilled roles.
CORRECTIVE ACTION 2:

Maintain a single volunteer list for the region; use MRC to support recruitment and training.

Identified in:
- Interviews
- Focus Groups

Short and Long Term Steps
- Secure support from municipalities for a central list.
- Work with MRC to boost recruitment, generate more opportunities for volunteer engagement.
CORRECTIVE ACTION 3:

Strengthen the FC REPC as the all-hazards planning and exercise body for the region; ensure that PHEP is included as an integral part of that effort.

Identified in:
- AAR
- Interviews
- Focus Groups

Short and Long Term Steps

- Develop a plan to invigorate REPC engagement and re-conceptualize the REPC planning and operational role during regional emergencies.
- Review/rewrite REPC operating principles to reflect changes, educate stakeholders.
CORRECTIVE ACTION 4:

Eliminate the confusion of what MAPHCO is and does by renaming it the FC Public Health Emergency Preparedness (PHEP) Coalition.

Identified in:
- AAR
- Interviews
- Focus Groups

Short and Long Term Steps
- Rename to the FC Public Health Emergency Preparedness (PHEP) Coalition to more clearly indicate service area and regional role.
CORRECTIVE ACTION 5:

Reorganize the FC PHEP Coalition governance model to be composed of public health professionals.

Short and Long Term Steps

- Use health agents, nurses, and staff via the Public Health Excellence districts to inform the strategic efforts of operationalizing and redesigning EDS plans.
- Align public health preparedness efforts with day-to-day efforts of Public Health Excellence District duties.
- Rewrite coalition operating principles to reorganize the coalition and give it specific and measurable duties and authorities.

Identified in:

- AAR
- Interviews
CORRECTIVE ACTION 6:

Pursue service area changes with MA DPH and municipal officials of Williamsburg, Orange, and New Salem.

Identified in:
• AAR
• Interviews
• Focus Groups

Short and Long Term Steps
• Move Williamsburg to Hampshire County PHEP, and Orange and New Salem into Franklin County PHEP.
CORRECTIVE ACTION 7:

Create a single FRCOG Emergency Coordination Plan.

Identified in:
- FRCOG AAR
- Surveys
- Interviews
- Focus Groups

Short and Long Term Steps
- New Emergency Management Department to create all necessary materials.
- Educate all stakeholders, making sure to include newly elected officials.
- Institute a process for continual review and improvement.
CORRECTIVE ACTION 8:

Formally establish a FRCOG Multi-Agency Coordination Center (MACC).

Identified in:
• FRCOG AAR
• Interviews
• Focus Groups

Short and Long Term Steps
• Review and revise current Franklin County MACC Concept of Operations and protocols to more firmly embed FRCOG staff as MACC managers and personnel.
• Garner necessary member town buy-in and participation in plan updates, workshops, and exercises.
• Institute a process for continual review and improvement.
CORRECTIVE ACTION 9:
Prevent redundant, inconsistent or conflicting information from the FRCOG.

Short and Long Term Steps
• Review what information was disseminated, and how, during the COVID-19 time period.
• Map the origins and destinations of information.
• Develop communication processes and policies to ensure FRCOG speaks with one voice.

Identified in:
• FRCOG AAR
• Interviews
• Focus Groups
Questions/Comments?

Thank you!