

AFTER ACTION REVIEW SUMMARY FROM DEPARTMENT OF HEALTH AND HUMAN RESOURCES

This document is the compilation of reports from bureaus within the Department of Health and Human Resources reflecting the individual participants, roles fulfilled, and after-action reviews of the department's response to the emergency circumstances resulting from the Derecho windstorm of June 29, 2012. In addition to individuals listed below, key staff of the cabinet secretary's office were immediately and fully engaged in oversight of the response, including Rocco Fucillo, who did not fully assume the duties of the Secretary until July 1, 2012.

The report identifies the specifics for each bureau, further broken down as necessary to specify the roles of individual offices.

BUREAU FOR PUBLIC HEALTH

CENTER FOR THREAT PREPAREDNESS		
Name	Job Title	Role in Emergency
Jerry Rhodes	Office Director III; Director, Center For Threat Preparedness (CTP)	Established Public Health Incident Command; Performed as Public Health Incident Commander
Mark Wigal	Office Director I; Dep. Director, Center For Threat Preparedness	Public Health EOC Staffing; Incident Commander; Liaison Officer
Carolyn Elswick	Administrative Services Assistant III; Office Manager	CTP Office Manager; assumed role as administrative support during the event
Dianna Gertz	IT Systems Coordinator II; Health Alert Network Coordinator	Assisted with IT issues for the Incident Command staff and prepared messages for distribution to command staff via the Health Alert Network (HAN) system
Jeremy Hynds	HHR Specialist, Senior; Exercise Design Coordinator	Staffed Public Health Incident Command; Staffed State EOC for Public Health
Sebra Jenkins	Nursing Director I; Occupational Health Nurse	Staffed Public Health Incident Command; Participated in daily conference calls with Local Health Depts. (LHDs)
Sheila Lee	Administrative Services Manager I; Grants Manager	Staffed Public Health Incident Command
Christina Richmond	HHR Program Manager I; Emergency Planner	Staffed Public Health Incident Command as Planning Officer; Staffed State EOC for Public Health
Rebecca Schmidt	Public Health Preparedness Service Fellow (CDC Intern)	Staffed Public Health Incident Command
Jim Sowards	HHR Program Manager I; Strategic National Stockpile Coordinator	Staffed Public Health Incident Command; Performed operational and logistics functions
Melanie Thomas	Office Assistant III Office Assistant Secretary	Staffed Public Health Incident Command; Provided office assistance and command support as necessary
Humbert Zappia	Strategic National Stockpile CDC Field Assignee	Staffed Public Health Incident Command; Assisted with operational support as necessary

OFFICE OF EPIDEMIOLOGY AND PREVENTION SERVICES

Name	Job Title	Role in Emergency
Danae Bixler	Director, Infectious Disease Epidemiology	Initiated emergency room (ED) - based surveillance system; recommended health messages that should be disseminated
Del Rosario, Maria	Director of Surveillance, DIDE	Assisted with ED surveillance
Hudson, Alana	Cancer Epidemiologist	Assisted with contacting EDs to participate in surveillance
Hogan, Vicki	HIV Epidemiologist	Assisted with contacting EDs to participate in surveillance
Crosby, Sam	Public Health Advisor	Assisted with contacting EDs to participate in surveillance
Hall, Susan	Director of HIV, STDs and Hepatitis	Assisted with contacting EDs to participate in surveillance
Bogges, Libby	Tuberculosis Nurse	Assisted with contacting EDs to participate in surveillance
Thomas, Carrie	VPD Epidemiologist	Assisted with contacting EDs to participate in surveillance
Ibrahim, Sherif	Outbreak Epidemiologist	Assisted with contacting EDs to participate in surveillance
Anil, Leena	Surveillance Epidemiologist	Assisted with contacting EDs to participate in surveillance Oversight of data entry and data analysis and reporting
Zhang, Fan	Data Analyst	Data analysis and reporting
Radcliffe, Rachel	Career Epidemiology Field Officer	Consulted CDC on surveillance design. Assisted with contacting EDs to participate in surveillance
Eric Dotseth	Entomologist	Assisted with contacting EDs to participate in surveillance
Darlene Stewart	Secretary	Covered phones and helped with inquiries and secretarial support

DIVISION OF IMMUNIZATION SERVICES

Name	Job Title	Role in Emergency
Jeff Neccuzi	Director, Division of Immunization Services	Assured provision of vaccine storage guidance to 407 provider sites that receive vaccines from the WV Vaccines for Children (VFC) program
Jean Khoury	Vaccine Manager OEPS/ Division of Immunization Services	Available for on-call duty 24/7 for consultation regarding vaccine usage and indications; and emergencies related to vaccine storage and distribution

DIVISION OF INFORMATICS AND EPIDEMIOLOGIC EVALUATION

Name	Job Title	Role in Emergency
Anil Nair	Epidemiologist-3, Division of Epidemiologic Informatics & Evaluation	Summarized and presented Emergency Medical Service data and call data from the West Virginia Poison Control Center

DIVISION OF LOCAL HEALTH

Amy Atkins	Director, Division of Local Health	Staffed Public Health Incident Command as Logistics Chief and Incident Commander. Facilitated statewide local health department conference call updates and prepared reports. Responded to local health department needs as directed by State EOC and Incident Commander
Kristen Childress	Associate Director, Division of Local Health	Staffed Public Health Incident Command under Operations as the Local Health Department Liaison. Facilitated statewide local health department conference call updates and prepared reports. Responded to local health department needs as directed by State EOC and Incident Commander
Judy McGill	Public Health Nursing Coordinator, Division of Local Health	Staffed Public Health Incident Command under Operations as the Local Health Department Liaison. Facilitated statewide local health department conference call updates and prepared reports. Responded to local health department needs as directed by State EOC and Incident Commander
Linda Lipscomb	Administrative Coordinator, Division of Local Health	Prepared local health department key contact reports for use by Incident Command
Lisa Brightwell	Financial Coordinator, Division of Local Health	Prepared local health department conference call reports

OFFICE OF NUTRITION SERVICES

Name	Job Title	Role in Emergency
Denise Ferris	Director	Coordinated all Office of Nutrition Services (WIC) responses to the emergency
Cindy Pillo	Assistant Director	Coordinated and responded to Local Agency concerns
Heather Venoy	Food Delivery Coordinator	Ensured (WIC) clinic staff were aware of all policies as related to replacement of (WIC) food benefits
Kathy Legg	MIS Project Lead	Maintained constant contact with local clinics and provided network availability updates and benefit issuance statistics on an ongoing basis
Sandra Riley	Vendor Unit Coordinator	Communicated with grocery stores and kept Director abreast of all those that were closed. Provided guidance to local clinics as to the availability of stores in the various areas of the state that were open
Terry Young	EBT Coordinator	Assisted with maintaining clinic contacts with OT and coordinated phone outage information

BUREAU FOR PUBLIC HEALTH, ADMINISTRATION

Name	Job Title	Role in Emergency
Michael J. Morris	Manager of Privacy, Health Informatics & Continuity	Staffed BPH Incident Command
Mark Shabandy	Programmer Analyst II	Staffed BPH Incident Command

OFFICE OF CHIEF MEDICAL EXAMINER

Name	Job Title	Role in Emergency
Melissa Kinnaird	Administrator	Staffed BPH Incident Command

OFFICE OF ENVIRONMENTAL HEALTH SERVICES

Name	Job Title	Role in Emergency
Barbara S. Taylor	Office Director III – Director Office of Environmental Health Services (OEHS)	Coordinated Office of Environmental Health Services activities and staffing necessary for emergency response
Donnie Haynes	ERPM I – OEHS Readiness Coordinator	Lead coordinator between BPH command staff and OEHS staff
Walter Ivey	Engineer Chief – Director Environmental Engineering Division (EED)	Oversaw EED staff working with public water systems and provided information related to impacts from the emergency
Brad Cochran	HHRPM II – Director Public Health Sanitation Division (PHS)	Oversaw PHS staff working with and provided guidance to local health departments. Provided information related to impacts from the emergency
James Douglas	Engineer Senior – Manager of EED District Office Staff	Coordinated gathering of information from the EED District Office staff on impacts to public water systems related to the emergency. Provided public water system damage details and updated information for each daily briefing
Tony Turner	RTIA Assistant Director	Staffed BPH Incident Command
Herb Hilleary	Environmental Inspector-RTIA	Staffed BPH Incident Command
Warren Von Dollen	Environmental Inspector-RTIA	Staffed BPH Incident Command
Richard Peggs	HHR Program Mgr I-PHS	Staffed BPH Incident Command
Judy Vallandingham	HHR Program Mgr I-PHS	Staffed BPH Incident Command
Michelle Cochran	ERPM I- EED	Staffed BPH Incident Command
William Herold	Engineer- EED	State EOC – Staffed Health Desk
Rick Hertges	HHR Program Mgr I - PHS	State EOC - Staffed Health Desk
Linda Whaley	HHR Program Mgr I – PHS	Staffed BPH Incident Command
David Thornton	HHR Program Mgr I - PHS	State EOC – Staffed Health Desk
Judy Ashcraft	Sanitarian Chief-PHS	State EOC – Staffed Health Desk
Mandy Moore	Administrative Secretary	Staffed BPH Command night shift for purchasing
John Northeimer	Geologist	State EOC – Staffed Health Desk
Scott Rodeheaver	ERPM I	State EOC – Staffed Health Desk
Charlie Robinette	Engineer	State EOC – Staffed Health Desk
John Stafford	Engineer	Gathered information from impacted areas regarding public water systems
Chris Farrish	Engineer Associate	Gathered information from impacted areas regarding public water systems
Troy Wills	Engineer Associate	Gathered information from impacted areas regarding public water systems
Mike Brown	ERS II	Gathered information from impacted areas regarding public water systems
Mike Martin	Engineering Technician	Gathered information from impacted areas regarding public water systems
Christina Lesko	Office Assistant III	Gathered information from impacted areas regarding public water systems

Dave Cobb	Engineer	Gathered information from impacted areas regarding public water systems
Rich Snyder	Engineer Associate	Gathered information from impacted areas regarding public water systems
Joe Fresquez	Engineering Technician	Gathered information from impacted areas regarding public water systems
Matt Wiseman	Technical Analyst Assoc.	Gathered information from impacted areas regarding public water systems
Lisa Lilly	Office Assistant III	Gathered information from impacted areas regarding public water systems
Joe Motus	Engineering Technician	Gathered information from impacted areas regarding public water systems
Brad Reed	Engineer	Gathered information from impacted areas regarding public water systems
Alan Marchun	Engineer Trainee	Gathered information from impacted areas regarding public water systems
Justin Jordan	Engineering Technician	Gathered information from impacted areas regarding public water systems
Yvonne Wilson	Office Assistant III	Gathered information from impacted areas regarding public water systems
Craig Cobb	Engineer	Gathered information from impacted areas regarding public water systems
Mike Hawranick	Engineer Associate	Gathered information from impacted areas regarding public water systems
Jake Fishel	Engineer Trainee	Gathered information from impacted areas regarding public water systems
Mark Dickey	ERS II	Gathered information from impacted areas regarding public water systems
Mary Elliott	Office Assistant III	Gathered information from impacted areas regarding public water systems
Bob Smith	Engineer Associate	Gathered information from impacted areas regarding public water systems
Brad Hess	Technical Analyst Assoc.	Gathered information from impacted areas regarding public water systems
Karen Barnhart	Office Assistant III	Gathered information from impacted areas regarding public water systems
Melanie Larch	Office Assistant III	Gathered information from impacted areas regarding public water systems
Mark Uraco	District Sanitarian	Gathered information from impacted areas and assisted local health departments as needed
Barbara Napier	Milk Sanitarian	Gathered information from impacted areas
Karol Wallingford	District Sanitarian	Gathered information from impacted areas and assisted local health departments as needed
Penny Manigold	Sanitarian Chief	Gathered information from impacted areas
Ryan Pethel	Milk Sanitarian	Gathered information from impacted areas
Richard Wheeler	District Sanitarian	Gathered information from impacted areas and assisted local health departments as needed

Suzzette Valach	District Sanitarian	Gathered information from impacted areas and assisted local health departments as needed
Jarod Dellinger	Milk Sanitarian	Gathered information from impacted areas
Ryan Harbison	District Sanitarian	Gathered information from impacted areas and assisted local health departments as needed
Mike Waugh	District Sanitarian	Gathered information from impacted areas and assisted local health departments as needed
Sharon Seifrit	Office Assistant III	Gathered information from impacted areas

HEALTH STATISTICS CENTER

Name	Job Title	Role in Emergency
Daniel M. Christy	Director, Health Statistics Center	Normal positions
Gary L. Thompson	State Registrar	The State Registrar manned the phones until assistance arrived
Cheyenne Farmer	Customer Service Supervisor	Assisted with the phones
James C. Doria	Director of Statistical Services	Assisted in getting all electronic functions back online
Thomas N. Leonard	Programmer	Assisted in getting all electronic functions back online
Birgit Shanholtzer	Epidemiologist	
Patricia Holbert	Secretary	Answered phones

PLEASE PROVIDE A DETAILED SUMMARY OF YOUR AGENCY/COMMISSION'S ROLE IN RESPONDING TO THE STATE OF EMERGENCY

Once notification was received by Jerry Rhodes, Center for Threat Preparedness (CTP) Director, of the scale of the event by Director Gianato of Homeland Security and Emergency Management, Public Health Command Staff was alerted via the Public Health Alert Network (PHAN) to report to the Center for Threat Preparedness and establish Public Health Incident Command. Command was established at approximately 0100 on June 30, 2012. Once established, Public Health Command, in coordination with the State EOC, began working to gather information related to the stability and functionality of the public health care infrastructure.

Hospital notifications began via Emergency Medical Services (EMS) Medical Command facilities. The viability of EMS agencies was determined and the condition of local health departments was monitored via daily conference calls. Hospital bed availability status was acquired daily via conference calls with Medical Command Centers and in conjunction with the Office of Emergency Medical Services (OEMS), until such time as internet service was restored to all hospitals and the existing method of acquiring this data resumed. Conference calls were arranged by OEMS and conducted with Offices of Emergency Medical Service Directors from neighboring states to determine if outside medical resources could be pre-positioned and ready to move into WV should the need arise.

The CTP staff, in conjunction with the Office of Environmental Health (OEHS) and the Office of Emergency Medical Services provided staffing to the State Emergency Operations Center to assist with resource allocation acquisition and distribution throughout the event. The CTP's Public Health Command participated in daily state-wide briefings conducted by the Department of Homeland Security and Emergency Management, providing technical support to local emergency managers as necessary.

CTP, acting in the role of Public Health Incident Command and in conjunction with the Bureau for Behavioral Health and Health Facilities (BHFF) also coordinated response to the affected areas to offer crisis and emotional support as necessary.

CTP's Public Health Command in cooperation with the Office for Epidemiology and Prevention Services (OEPS) and BHFF developed informational packets for public dissemination in an effort to provide the general public with simple steps to safeguard their health during the event. OEPS also developed a surveillance tool disseminated to all hospitals so injuries and illness related to the event could be tracked. This information was reviewed daily. In addition, public health media messages were crafted and forwarded to the Office of Communications.

CTP collaborated with the Office of the Chief Medical Examiner (OCME) to monitor for deaths that may have been attributed to accompanying heat and the effects, or after effects of the windstorm.

CTP collaborated with and supported the Office of Environmental Health in the monitoring of public water systems and shelters that were established, as well as kitchens set up for mass feedings.

CTP worked closely with FEMA by utilizing their resources to establish internet connectivity while the DHHR network was down; and housed the FEMA Mass Care Coordinator, as well as the Federal Department of Health and Human Services Region III representatives during the event. CTP also collaborated on the acquisition of an emergency oxygen supply with DHHS, FEMA and WV Homeland Security and Emergency Management.

CTP provided daily updates from BPH/DHHR staff involved in the response to the Division of Homeland Security and Emergency Management in the form of a briefing summary during the event.

The Center for Threat Preparedness ended its official Incident Command activities on Friday, July 13, 2012 at 1700 hours but continued to coordinate requests from the Department of Homeland Security and Emergency Management (utilizing CTP staff only).

WHAT WENT WELL AND WHY?

(What were the successful steps taken towards achieving your objective?)

SUCCESSSES	HOW TO ENSURE SUCCESS IN THE FUTURE
Notification via the Public Health Alert Network (PHAN) was vital.	Ensure local agencies which have access to the PHAN utilize the notification capability to alert staff.
Maintained the well-being of command staff by providing adequate office equipment/supplies and time to communicate with families as necessary.	Ensure staff working Public Health Command have office supplies and equipment necessary to perform assigned roles. Upgrade the Public Health Command Ops room/office for better situational awareness.
Timely deployment of FEMA representatives and DHHS representatives to Public Health Command.	Does Public Health Command require a FEMA Liaison? Better understanding of FEMA's role in the specific types of disaster declarations.
Defined early BPH's role in a disaster and the establishment of Public Health Command.	Clarify with DHSEM the Bureau for Public Health's role in a disaster and ensure DHSEM is in agreement with that role.
Engagement of many local health departments played a huge role during the event.	Local Health Departments must recognize the role they play in preserving the health and wellness of a community during a disaster. Their ability to ascertain functions of Long Term Care facilities and continue to monitor shelters and feeding stations are critical.

Utilization of resources deployed by Local Health Departments' ability to share resources with neighboring health departments if needed.	Once Local Health Departments have identified and mitigated issues in their jurisdictions, reaching out to assist other counties' LHD's is essential.
Local Health Departments worked to contact neighboring county LHD's after the fact.	Encourage Local Health Departments to engage in regional planning/resource sharing.
A few hospitals and primary care centers worked together to ensure adequate resources were available to minimize loss of pharmaceuticals, equipment, etc.	Investigate abilities of health care partners to assist in resource allocation/distribution and encourage engagement/info sharing.
Many hospitals agreed to submit surveillance data.	Encourage participation of all health care entities to report/disclose Disease/Surveillance data and report trends.
Central Finance personnel assisted during the event.	Identify key finance personnel who should report to assist with emergency purchases.

WHAT CAN BE IMPROVED AND HOW?

(What could have been done better? What can your agency/commission do differently in similar situations in the future to ensure success? What would be your advice to future emergency response teams?)

WHAT CAN BE IMPROVED	RECOMMENDATIONS
Purchasing policy related to software needs in emergent situations.	Establish emergency purchase procedures so necessary equipment/supplies (including MIS/IT approvals) may be acquired and used during an actual event, not 60 days post event.
Better contact information for local health personnel.	Develop a method for maintaining up-to-date Local Health Dept. contacts (personnel, office and home info).
Increased number of personnel familiar with roles that must be carried out in an event.	Consider increasing BPH Incident Command Staff. Define roles and enhance training necessary to function in the command environment and be familiar with DHHR Disaster Network.
Consider the development of templates for public health messages as was distributed during the windstorm event.	Use of pre-established messages for dissemination to social media sites. Engage local health departments to collaborate with county EMAs to share health related info.
Redundant internet access tools (WI-FI) and phone sources in the event IP system phones do not operate.	Emergency access to alternate WI-FI and back-up personal WI-FI resources/equipment.
Increase the availability and develop quick operational guides /processes for the use of E-Team.	E-Team training and method to continually engage personnel trained so familiarity of system is maintained. A resource guide should also be developed and maintained for reference.
Set up Amateur Radio station as a means to enhance radio communications and contact state-wide response with public health partners.	Increase staff trained and licensed to use Amateur Radio as an alternate source of communications.

Initiate the DHHR Disaster Network so information sharing/gathering across agency Bureaus will be more effective and timely.	Maintain the DHHR Disaster Network and ensure its use as an information gathering and dissemination tool.
Incident Command System (ICS) training should be delivered to all BPH supervisory personnel.	Offices within BPH should identify all personnel trained in ICS and recruit additional staff who can enhance existing Public Health Command operations. This would also benefit those personnel who do not function in command, to help them understand how command operates so they can better relate to staff participating.
The ability to get information from DHHR Offices was challenging at times.	Revisit/Revive the DHHR Disaster Network.
Improved communication with the State EOC.	Refine the method to relay info/need from State EOC to Public Health Command and better define roles so PHC operates within scope of Health and Human Resources response role.
Identify a permanent phone number(s) published for Bureau as Public Health Command contact.	Identify and share/inform a recognizable phone number for use during command functions/responses.
Share briefing information across DHHR Bureaus to minimize duplicate responses and to inform others of ongoing activities	Share briefing information related to other DHHR Bureaus so as to not duplicate efforts.
Assure internet connectivity is uninterrupted.	Consider the acquisition of portable hot spots to ensure internet communications and cell phone service can continue if practicable.
Update contact information, cell numbers and radio frequencies.	Develop and maintain emergency contact lists for LHDs, hospitals, Long Term Care Centers (LTCs) behavioral health facilities. Make hard copies to keep off site and at COOP centers.
Finding essential health and medical equipment was a challenge. Oxygen and ice contacts were hard to find.	Establish cache of emergency medical equipment/supplies, generators, etc. for use from the health and medical side. Develop and maintain contact lists for oxygen suppliers and ice. Consider emergency purchasing agreements with specific vendors for supplies that may be critical during future events.
Copies of Incident Command System (ICS) forms available in electronic and paper form with a list of steps that must be addressed at the beginning of an incident to assist Incident Commander to efficiently start a response.	Put together a list of ICS resources that can be used at the beginning and during an event to ensure proper steps are taken to adequately record activities and to begin contacts with local and county (LHD) to put them into action to ensure sanitarians, nursing and others are actively engaged.

Redundant phone service when the current system fails due to internet interruption. OT revisits their response plan to ensure a consistent process is in place to check systems.	Explore a redundant phone system that may be utilized in the event the current system experiences a future failure. Develop emergency contact capability with IT service providers (Sudden Link). Assure emergency procedures are in place for IT Techs to re-establish/troubleshoot/repair IT systems in use for DHHR.
Local Health Departments should consider contacting Public Health Command or Division of Local Health designee in the event a local LHD cannot remain open.	Explore the revision of LHD disaster plans to incorporate contacting someone at the State level if plans to close are made. Same would go if their COOP plan was initiated.
Engagement of the Bureau for Children and Families (BCF) by Public Health Command could have been quicker.	A representative from the Bureau for Children and Families, and Bureau for Child Support Enforcement (BCSE), should be assigned to the Public Health Command Staff.
Knowing how to and who to contact for information related to Long Term Care Facilities and an approximate count of how many and census info would be beneficial.	A representative from OFLAC could be assigned to the Public Health Command. Or this information could be acquired and reported on a quarterly basis.
Better access to the State EOC at the Capitol, for DHHR staff working after hours.	Command staff should be granted access to the Capitol building during events, or acquire permanent access as part of working Public Health Command.
Better access to the DHHR Warehouse.	Minimal Public Health Command staff could have access rights to the warehouse, especially after hours and when warehouse personnel cannot be reached.
Having an informational hotline for citizens to acquire health information would be beneficial.	Establish a 211 hotline for the posting of and dissemination of Public Health Information during an event.
Need a better way to communicate to Senior Citizens.	Engage the Bureau of Senior Services to solicit ideas to help get information to seniors during events.
Disseminating Public Health communication information to special populations was not that challenging during this event; however, avenues must be explored to meet this need; especially with minority populations and/or other special needs populations.	Consider/explore communication methodologies to ensure public health messages are received and understood by the hard of hearing, deaf, blind, etc.
Need to define roles/processes better regarding mass care and the delivery of health and medical care.	Clarity regarding ESF 6 (mass care) and ESF 8 (health and medical) responsibilities for the Department.
Clearly defined guidance to DHHR offices regarding essential services and essential personnel.	Establish clarity around essential staff, essential functions and COOP for all DHHR Offices.
Command staff had to rely on personal communication devices to contact agencies and vendors and do resource vendor searches to try to find assets.	Assure all staff are provided appropriate tools for response work and redundancy, i.e. Smart Devices, I Pads, notebooks, air cards, etc.

BUREAU FOR BEHAVIORAL HEALTH AND HEALTH FACILITIES

NAME	JOB TITLE	ROLE IN EMERGENCY
Joann Fleming	BHHF Disaster Coordinator Specialist, Senior	Day shift, Public Health Incident Command
Peg Moss	Director, Community Affairs and Community Outreach Program Manager 1	Night shift, Public Health Incident Command
Kim Walsh	Deputy Commissioner Programs and Policy	BHHF Incident Command

PLEASE PROVIDE A DETAILED SUMMARY OF YOUR AGENCY/COMMISSION'S ROLE IN RESPONDING TO THE STATE OF EMERGENCY

Staff were activated to Public Health Incident Command on June 29 to assist with Emergency Support Function 6 (mass care and sheltering). The Bureau for Public Health coordinated Health Command and was present to assist with Emergency Support Function 8 (health and medical). Staff alternated 12 hour shifts until Health Command reduced coverage on July 4. At that time, both returned to BHHF to continue long term recovery efforts. Duties at Health Command included but were not limited to: tracking and monitoring sheltering efforts, relaying requests for assistance to BHHF and volunteers in the communities (VOAD, Red Cross, Council of Churches, FEMA, etc.), and providing consistent information between county emergency managers, BHHF, and volunteers in regards to location of supplies and areas of need.

Long hours were worked daily to assemble and oversee the BHHF Incident Command. Duties at BHHF Command included but were not limited to: assisting state hospitals with generator, food, and water emergencies (given the limited cell phone coverage and lack of internet initially, communication efforts required significant coordination), deploying disaster mental health teams from 6 of the Comprehensive Community Mental Health Centers and monitoring and supporting their efforts; and keeping the lines of communication open for the BHHF Commissioner and the office of the Secretary.

Staff were involved in daily phone briefings with the State Emergency Operations Center, County Emergency Managers, FEMA, and VOAD.

WHAT WENT WELL AND WHY?

(What were the successful steps taken towards achieving your objective?)

SUCCESSSES	HOW TO ENSURE SUCCESS IN THE FUTURE
BHHF had trained staff capable of successfully operating in an incident command structure on a collaborative and Bureau level.	Continue training of BHHF staff in NIMS and emergency exercises.
Requests for behavioral health assistance in the community were dispatched quickly and remedied by local providers.	Continue network building with agencies and organizations in the community to build capacity.
State hospitals remained open and operational.	Continue review of COOP plans and drills.
Shelters were in place in all counties.	Continue meeting with Red Cross and VOAD groups to coordinate efforts in sheltering.

WHAT CAN BE IMPROVED AND HOW?

(What could have been done better? What can your agency/commission do differently in similar situations in the future to ensure success? What would be your advice to future emergency response teams?)

WHAT CAN BE IMPROVED	RECOMMENDATIONS
<p>Better coordination of DHHR response during a disaster – representation beyond Public Health and Behavioral Health as part of the command structure.</p>	<p>Better define the DHHR Incident Command structure.</p> <p>Allow for limited authority to direct other Bureaus to train and have representatives available/assigned during a disaster. Expanded participation will enhance expertise across disciplines and will support expanded capacity to provide timely assistance/response during such incidents.</p>
<p>Improve coordination efforts between all state departments and outside entities.</p>	<p>Regular ongoing meetings to clarify roles and address gaps in communication lines.</p> <p>Assign a DHHR representative to assist FEMA when representatives are on scene.</p>
<p>Further expanded and improved understanding of BHHF roles in a disaster response, specifically focusing on COOP and response efforts.</p>	<p>Formalize the Bureau COOP plan and reinforce with training.</p> <p>Engage BHHF identified Incident Command staff into local drills and exercises to practice and further understand command roles.</p> <p>Conduct brief (15 minute) trainings prior to deploying staff in order to clarify roles.</p>
<p>Identification of all DHHR Emergency Support Functions needed and for which the Department would be responsible in a crisis/disaster situation.</p> <p>Development of all identified functions to support successful activation/deployment.</p>	<p>Recreate the DHHR Disaster Network which has representation of all Bureaus and that meets regularly.</p> <p>These individuals could also represent their Bureaus on the DHHR Incident Command structure in #1.</p>
<p>Improved state facility coordination, roles preparedness during disaster/crisis response.</p>	<p>Finalization of state facility COOP planning.</p>

HOPEMONT HOSPITAL

NAME	JOB TITLE	ROLE IN EMERGENCY
Maria Carr	CEO	Administrator

PLEASE PROVIDE A DETAILED SUMMARY OF YOUR AGENCY/COMMISSION'S ROLE IN RESPONDING TO THE STATE OF EMERGENCY

Did not have any issues that related to the power outage. Electricity went out for a few minutes and the generator kicked on. Continue to do generator checks at least bi-weekly. Paper systems were utilized during the time that the internet was down.

WHAT WENT WELL AND WHY?

(What were the successful steps taken towards achieving your objective?)

SUCCESSSES	HOW TO ENSURE SUCCESS IN THE FUTURE
Generator kicked on immediately.	Continue to do the bi-weekly, or more often, check of generator.

WHAT CAN BE IMPROVED AND HOW?

(What could have been done better? What can your agency/commission do differently in similar situations in the future to ensure success? What would be your advice to future emergency response teams?)

WHAT CAN BE IMPROVED	RECOMMENDATIONS
Keep the action we have.	Continue training with staff.

JACKIE WITHROW HOSPITAL

NAME	JOB TITLE	ROLE IN EMERGENCY
Angie Booker	CEO	Oversaw entire operation
Carla Lewis	Director of Nursing	Oversaw patient care
Rebecca Marsh	Social Worker Director	Provided assistance as needed
Aimee Bragg	Assistant CEO	Assisted in overseeing operation
Connie Walker	LPN Charge Nurse	Provided patient care
Scott Alderman	Housekeeper	Provided assistance
Penney Burleson	Housekeeping Lead	Provided assistance
Scott Mansfield	Asst. Maintenance	Provided assistance
Travis Pittsenbarger	Supervisor Electrician	Provided assistance

PLEASE PROVIDE A DETAILED SUMMARY OF YOUR AGENCY/COMMISSION'S ROLE IN RESPONDING TO THE STATE OF EMERGENCY

Medical care to residents of the State of West Virginia in a nursing home setting.

WHAT WENT WELL AND WHY?

(What were the successful steps taken towards achieving your objective?)

SUCSESSES	HOW TO ENSURE SUCCESS IN THE FUTURE
Bathing residents with ready bath wipes	Continue to have in inventory
Provided food/drink for staff who were mandated to work over	Continue to have inventory of new perishables
Able to hydrate staff/residents	Have bottled water coolers on hand for drinking water
Generator operated successfully	Ensure generator is properly maintained, continue weekly monitoring/testing
Staff stayed over 8 hour shifts to assist with providing care	Continue process of staff staying as needed
Restoration of power within 36 hours	Depends on the power company

WHAT CAN BE IMPROVED AND HOW?

(What could have been done better? What can your agency/commission do differently in similar situations in the future to ensure success? What would be your advice to future emergency response teams?)

WHAT CAN BE IMPROVED	RECOMMENDATIONS
Additional lighting to provide care to residents in rooms after dark	Purchase flashlights and desk lamps and ensure batteries are on hand
Phone service when power is out	Purchase track phones with pre-loaded minutes for use/communication
Cooling/heating system	See if it is possible to tie in cooling/heating system with generator when the is out
Preservation of food	See if it is possible to tie in freezer/refrigerators to generator

JOHN MANCHIN, SR. HEALTH CARE CENTER

NAME	JOB TITLE	ROLE IN EMERGENCY
Carol Merrill	CEO	Supervised operation
Betty King	DON	Oversaw patient care
Becky Lake	HR Director	Oversaw staffing
Judy Labdik	Social Worker	Family support
Ron Moore	Maintenance Supervisor	Kept equipment running
Sheryl Screen	Dietary Manager	Made sure meals were available
Vicki Buby	Recreations Specialist	Kept residents busy
Twyla Snopps	Housekeeping Supervisor	Sanitized rooms, etc
Tammy Keough	CFO	Helped out and supervised department

PLEASE PROVIDE A DETAILED SUMMARY OF YOUR AGENCY/COMMISSION'S ROLE IN RESPONDING TO THE STATE OF EMERGENCY

Telephone system was down. Staff who could make it in to the facility covered for staff who could not get there. Housekeeping staff used personal cell phones to communicate. There were no computers operating, paper was used instead in the Long Term Care Unit and also in the Outpatient Clinic.

WHAT WENT WELL AND WHY?

(What were the successful steps taken towards achieving your objective?)

SUCCESSSES	HOW TO ENSURE SUCCESS IN THE FUTURE
Residents were well cared for	Call in all available staff
Other functions of the facility continued to operate	Make sure generator is well maintained

WHAT CAN BE IMPROVED AND HOW?

(What could have been done better? What can your agency/commission do differently in similar situations in the future to ensure success? What would be your advice to future emergency response teams?)

WHAT CAN BE IMPROVED	RECOMMENDATIONS
Communication of disaster.	Call CEO or designee on personal cell phone early so information gets to all facility staff as needed.

LAKIN HOSPITAL

NAME	JOB TITLE	ROLE IN EMERGENCY
Linda Dailey	CEO	Administrator

PLEASE PROVIDE A DETAILED SUMMARY OF YOUR AGENCY/COMMISSION'S ROLE IN RESPONDING TO THE STATE OF EMERGENCY

Power was lost at approximately 6:30 PM on Friday evening. The generator immediately responded and business continued as it typically does when the power is out. No unusual incidents or occurrences resulted. Power was restored to the facility at approximately 9:00 PM on Saturday evening. On Sunday, Lakin prepared to accept additional patients from Sharpe Hospital in the event that they needed to evacuate. The evacuation did not happen due to Sharpe receiving an additional generator.

WHAT WENT WELL AND WHY?

(What were the successful steps taken towards achieving your objective?)

SUCCESSSES	HOW TO ENSURE SUCCESS IN THE FUTURE
Lakin is blessed with responsible employees that came to work, anticipated issues, and addressed the situation appropriately. AEP was generous to prioritize our compromised residents. Our power was restored timely and before the heat index rose to dangerous temperatures on Sunday. We were able to obtain fuel timely to ensure continuous generator use.	Continue to evaluate and update emergency plans.

WHAT CAN BE IMPROVED AND HOW?

(What could have been done better? What can your agency/commission do differently in similar situations in the future to ensure success? What would be your advice to future emergency response teams?)

WHAT CAN BE IMPROVED	RECOMMENDATIONS
A newer and larger generator would ensure continuous power to the facility and could feasibly support some air conditioning in the patient care areas.	Purchase a generator with adequate capacity to meet needs.

MILDRED MITCHELL BATEMAN HOSPITAL

NAME	JOB TITLE	ROLE IN EMERGENCY
Patricia Franz	Assistant CEO	Incident Commander
Daniel Persinger	Director of Safety & Security	Evaluator
Randy Fetty	Supervisor of Engineering and Grounds	Management of physical plant

PLEASE PROVIDE A DETAILED SUMMARY OF YOUR AGENCY/COMMISSION'S ROLE IN RESPONDING TO THE STATE OF EMERGENCY

Major power outages and severe damage to trees resulted in loss of electricity for Mildred Mitchell Bateman Hospital for approximately 46 hours. Buildings Two, Three and Four were operating on emergency power. Fiber optic lines, serving the hospital's network, were also down. At the time of the event, 110 patients were hospitalized and the area was involved in a severe heat situation.

WHAT WENT WELL AND WHY?

(What were the successful steps taken towards achieving your objective?)

SUCCESSSES	HOW TO ENSURE SUCCESS IN THE FUTURE
Obtained additional diesel fuel for generators.	Develop emergency contracts in different areas to provide fuel.
Obtained ice for patient comfort and helped preserve perishable food products.	Connect the ice machines to existing emergency generators. Develop contracts for essential supplies in different locations in the event one location is affected by the incident and unable to provide service.
State-wide laboratory server, located in Building 2, was connected to emergency generator and remained functional.	Maintain server on emergency power.

WHAT CAN BE IMPROVED AND HOW?

(What could have been done better? What can your agency/commission do differently in similar situations in the future to ensure success? What would be your advice to future emergency response teams?)

WHAT CAN BE IMPROVED	RECOMMENDATIONS
<p>Improve utilization of existing generator capacity of the Building 2 generator to serve Buildings 2 & 3 and provide air conditioning for Building 3.</p>	<p>Contract for an evaluation, by a qualified electrical engineer, of the capability of expanding utilization of the Building Two generator with a heavier capacity transfer switch. In the event expansion of the capability of this generator is deemed to be acceptable, this one generator could provide power to essential equipment in Building 1, Building 2 and Building 3. It would need to be determined if a back-up fuel tank should be installed to provide additional fuel. This could then eliminate the need for the Building 3 generator which is not large enough to provide air conditioning for that building, eliminate the requirement for Carbon Monoxide Monitoring as required by state law (effective 9/1/12), and eliminate the need for an annual load bank test to satisfy OHFLAC and Joint Commission requirements. Additional capacity to the Building Two generator could also provide air conditioning and heating to both patient buildings, operate the ice machines on all patient units, and run the coolers and freezers in Central Receiving to prevent spoilage of food.</p>
<p>Improved utilization of existing generator capacity of the Building 4 generator to provide additional resources for food preparation and preservation and air condition the Dining Room.</p>	<p>To contract for an evaluation, by a qualified electrical engineer, of the capability to expand the transfer switch of the generator used in the Dietary Department. This generator is not currently used to capacity and requires an annual load bank test to meet regulatory standards. It is believed that increase in the utilization of this generator can provide greater service to the hospital with the addition of air conditioning to the dining room, thus allowing the patients to be comfortable while eating, increase the availability of appliances needed to prepare food and sanitize equipment, and provide power to the freezer and cooler in the kitchen to eliminate the potential of food spoilage.</p>
<p>Move the generator currently serving Building 3 to Building 5 to allow utilization of Building 5 during electric power loss.</p>	<p>Develop a contract with an electrical engineer to move the generator from Building 3 to Building 5.</p>
<p>Submerge electric, telephone and fiber optic lines underground.</p>	<p>Explore the feasibility of burying lines, electric, telephones and fiber optic, underground to prevent damage from the environment. Proper installation</p>

	should also allow for a backup switch, through AEP, to allow transfer of electric from the Norway Avenue location rather than the Guthrie Court location. This will allow the remaining location to transfer power should either be damaged.
Connect ice machines on patient care units to emergency generator power.	Contract a qualified electrical engineer to connect the ice machines to existing emergency generator power.
Connect freezers/coolers in Central Receiving to existing emergency generator power.	Contract a qualified electrical engineer to connect the freezers/coolers in central receiving to existing emergency generator power.
Clearance of trees near existing power lines to prevent damage.	Continue to remove trees with potential to damage power lines.

WELCH COMMUNITY HOSPITAL

NAME	JOB TITLE	ROLE IN EMERGENCY
Walter Garrett	CEO	Administrator

PLEASE PROVIDE A DETAILED SUMMARY OF YOUR AGENCY/COMMISSION'S ROLE IN RESPONDING TO THE STATE OF EMERGENCY

Untouched during the devastating storms and power outages. Did not lose power, water or any other utilities. Prepared to assist our sister hospitals and other state agencies, but was not called to do so.

WHAT WENT WELL AND WHY?

(What were the successful steps taken towards achieving your objective?)

SUCCESSSES	HOW TO ENSURE SUCCESS IN THE FUTURE
N/A	

WHAT CAN BE IMPROVED AND HOW?

(What could have been done better? What can your agency/commission do differently in similar situations in the future to ensure success? What would be your advice to future emergency response teams?)

WHAT CAN BE IMPROVED	RECOMMENDATIONS
N/A	

WILLIAM R. SHARPE, JR. HOSPITAL

NAME	JOB TITLE	ROLE IN EMERGENCY
Terry Small	Assistant CE	Incident Commander
Pam Lewis	Compliance	Asst. Incident Commander
Robert Posey	Safety	Asst. Incident Commander
Rob Kimble	CFO	Financial Issues Planning
Dee Carver	Financial	Financial Issues Planning
Janice Woofter	Chief Nursing Officer	Operations/Staffing Planning
Kim Walsh	Deputy Comm., Programs	WV EOC Planning
Greg Nicholson	Facility Management	Secured resources for physical plant/operations
Bill Rowan	Lewis Co. Emergency Dir.	Local Planning
Melinda Orrahood	Clinical P.A.	Operations/Clinical
Barbara Daugherty	Financial	Operations/Financial
Tim Kerns	Maintenance	Operations/Facility
Janet DuPew	Asst. Nutritional Director	Operations/Dietary
Kim Tucker	Asst. Nursing Officer	Operations/Nursing NCC
Georgette Bradstreet	Statewide Forensic Co-ord.	Operations/Patient Care
Amber Davis	Forensic Co-ord.	Operations/Patient Care
Ladonna Stanley	Clinical Services Co-ord.	Operations/Patient Care
John Riffle	Security Director	Operations/Security
Debbie Cook	Personnel	Operations/Personnel
Jani Jones	Admissions Supervisor	Operations/Admissions

PLEASE PROVIDE A DETAILED SUMMARY OF YOUR AGENCY/COMMISSION'S ROLE IN RESPONDING TO THE STATE OF EMERGENCY

Although the physical plant of the hospital had minor damages, the power outage associated with the wind storm challenged the hospital's ability to care for clients in the facility. The hospital operated under the state of

emergency until July 16, 2012. Facets of this plan included:

- The hospital maintained emergency communications with the local EOC in order to insure the safety of clients and staff.
- Hospital staffing levels were increased to accommodate the need to meet all emergency staffing issues during the power outage.
- The hospital cared for all the clients until the hospital was able to return to normal operation. This was accomplished by the help of the WV National Guard and the local EOC.
- The hospital located emergency power supply until a stable local connection was available.
- The hospital acquired emergency supplies needed to hydrate and cool the clients during the outage past the initial 72 hour period.
- The hospital insured the safety and security of the facility by implementing fire watch and temperature checks during low power or loss of power.
- The hospital transferred medically challenged clients to stable facilities as necessary during the outage.

WHAT WENT WELL AND WHY?

(What were the successful steps taken towards achieving your objective?)

SUCCESSSES	HOW TO ENSURE SUCCESS IN THE FUTURE
Welfare of Patients: All of the clients were well cared for during the emergency. The hospital did everything in their resources to insure the safety and welfare of the patients.	The health and welfare will continue to be the number one priority at William R Sharpe Jr. Hospital.
Dedicated Staff: The staff who worked the emergency showed a passion for the welfare of each patient in their care.	The administration will continue to support the passion and dedication of the staff of the hospital in the effort to insure the highest quality of employees.
Dietary Department: The kitchen supervisor did an exceptional job during this emergency. On short notice she changed the menu to ensure the patients were fed a complete diet and worked with different units to make available bottled water and Gatorade.	The dietary department will continue to have an emergency supply of food and service supplies to last multiple days in case of an emergency.
Maintenance Department: The maintenance department supervisor and HVAC technician worked around the clock to provide power to the hospital during a very difficult time and with equipment which was not designed to facilitate the needs of the hospital.	The maintenance department will continue to have a knowledgeable and passionate staff to be able to adapt to all change during an emergency.
Collaboration of Incident Commands: The William R. Sharpe Hospital Incident Command Team along with the local Incident Command Team worked well with Charleston officials and their Incident Command Team to address critical needs as they arose (i.e. ice, water, generator, food preparation, bed access for patients in case of need for transfers).	The hospital will support staff in their ability to learn and develop policies on how the Incident Command System works on different levels of government.
Community Support: With effective use of resources and	The hospital will continue to develop a list of partners and vendors to access during any

vendors of the community, the hospital was able to supply and distribute needed materials throughout the event.	emergency event.
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WHAT CAN BE IMPROVED AND HOW?

(What could have been done better? What can your agency/commission do differently in similar situations in the future to ensure success? What would be your advice to future emergency response teams?)

WHAT CAN BE IMPROVED	RECOMMENDATIONS
Backup generators update and replacement: This emergency illustrated some challenges to the backup power plan. At full strength these generators were not designed to run the temporary power needs for a long duration and power all the systems for the hospital.	The hospital is in the process of updating their plan for emergency power. This will be one of the first updates to be implemented during the remodeling of the Maintenance Department During the HAVC renovation.
Logistics for the hospital during an event: There were some challenges related to tracking new supplies during a 24/7 event.	The Emergency Operation Plan will add the central store as essential. This will add a new level of tracking and security of supplies to the hospital. The hospital will check into having all Administrator's on call a P Card to use in an emergency.
Communication: The Hospital needs to improved radios system such as keeping radios charged and on the right channels.	The hospital will investigate a solution to upgrade communication issues to include: New radio system; Pager System; A permanent Incident Command location for emergencies in the hospital; A staff notification policy for emergency updates and a location of updated emergency information.
Staff need to be trained/retrained in incident command.	The hospital will upgrade Emergency Operation Plan: 1. By adding more of the Incident Command System to operations and planning section of the plan; 2. Use NIMS to train staff to be able to use the plan; Add more logistical controls to the plan to track all service and supplies during an emergency event.
Campus Security: the hospital campus is not a locked down campus.	The hospital will investigate a solution to upgrade security issues: Establishing procedures to provide clear direction for those entering the grounds/building to assist with the emergency.

	Maintain the safety of the staff and patients by monitoring persons entering the campus during an emergency.
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Bureau for Children and Families

NAME	JOB TITLE	ROLE IN EMERGENCY
Nancy Exline	Deputy Commissioner	Coordinator
Missy Rosen	Deputy Commissioner	Coordinator
Kevin Henson	Director	Coordinator

PLEASE PROVIDE A DETAILED SUMMARY OF YOUR AGENCY/COMMISSION'S ROLE IN RESPONDING TO THE STATE OF EMERGENCY

Contacting all field staff (July 1, 2012) to ensure all 54 County DHHR offices were staffed for essential services to be available on July 2nd.

Contacting all Community Services Managers to determine the status and availability of their offices to be open or closed during the crisis. Determining the status of their phone and computer usage as well as the use of alternative sites.

Coordinating alternative sites when local offices were unable to open and communicating that office information to state and local officials as well as the child abuse hotline.

Replacing Supplemental Nutrition Assistance Program (SNAP) Benefits for customers who had food lost due to the power outage, or to provide referrals to citizens who were not SNAP recipients to local food pantries.

Providing SNAP, emergency assistance, and all other programs to customers.

Contact all adults in counties currently guardians of Home Care Services (HCS) of the State to determine their well being after the storm and providing assistance as local offices were contacted concerning vulnerable adults.

Contacting children in Child Protective Services /Youth Services caseload to determine their safety and provide assistance if and when needed.

Updating information regarding opened or closed offices.

Contacting essential staff.

Coordinating calls between the Bureau for Children and Families and the Bureau for Public Health Command center.

Coordinating calls between Region II emergency coordinator, US DHHS, US Administration for Children and Families, and the WV Bureau for Children and Families Response Director.

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WHAT WENT WELL AND WHY?

(What were the successful steps taken towards achieving your objective?)

SUCSESSES	HOW TO ENSURE SUCCESS IN THE FUTURE
Contacting All Staff	Review call down lists monthly
Replacement of benefits	Review policy quarterly and have paper forms
Contacting elderly	Review ways to gather information
Contacting CPS/YS Children	Review ways to gather information
Obtaining emergency assistance for clients	Review ways to gather information
	In all cases a review of COOP planning on a quarterly base

WHAT CAN BE IMPROVED AND HOW?

(What could have been done better? What can your agency/commission do differently in similar situations in the future to ensure success? What would be your advice to future emergency response teams?)

WHAT CAN BE IMPROVED	RECOMMENDATIONS
Understanding of new Disaster Supplement Nutrition Assistance Program guidelines and process.	Current review of policy and procedures is underway.
Prior identification of alternative work sites for all counties.	Process underway with August 1 deadline.
Better communication of county office status.	Development of a website.
Understanding of COOP planning.	Bureau for Children and Families review and understand the implementation of our COOP plans.
Contacting central office staff .	Improve the central office phone tree.

BUREAU FOR CHILD SUPPORT ENFORCEMENT

NAME	JOB TITLE	ROLE IN EMERGENCY
Garrett Jacobs	Commissioner	Agency Contact/Coordinator of COOP/Source of Information
Larry LeFevre	Director of Field Operations	Coordination of Office Coverage/ Staffing
Hal Pendell	Deputy Commissioner	Liaison with Lockbox Vendor

PLEASE PROVIDE A DETAILED SUMMARY OF YOUR AGENCY/COMMISSION'S ROLE IN RESPONDING TO THE STATE OF EMERGENCY

Ensuring the continuation of child support services to customers and continuing collection and distribution of support to WV families.

Providing access to these services and ensuring information was easily available to customers.

Keeping staff informed of status of offices and expectations regarding reporting to work.

WHAT WENT WELL AND WHY?

(What were the successful steps taken towards achieving your objective?)

SUCCESSSES	HOW TO ENSURE SUCCESS IN THE FUTURE
Able to reach management in all Regional offices to ensure staff was advised of expectations and office status.	Maintain completely up-to-date COOP and contact information on all staff members. Ensure staff have emergency contact information for their supervisors.
No interruption of collection/distribution services to customers.	Maintain current contact information for management of all key vendors.
Staff available in all open offices to service customers, take applications and answer questions.	Maintain completely up-to-date contact information on all staff members.

WHAT CAN BE IMPROVED AND HOW?

(What could have been done better? What can your agency/commission do differently in similar situations in the future to ensure success? What would be your advice to future emergency response teams?)

WHAT CAN BE IMPROVED	RECOMMENDATIONS
Ensure key staff members have method to charge communication devices in case of extended loss in power.	Buy car chargers for all staff with state-issued devices.
Better tracking for who has/has not been contacted.	Establish check off lists for all supervisors to track such information. Ensure all supervisors have current call down lists immediately available.
Better communication with all staff regarding work status, etc.	Establish toll-free line for employees to receive on-going directives re: reporting to work, status of offices, etc.
Smoother communication with field office building managers.	Ensure all office level COOP plans include full emergency contact information for Community Service Manager's (CSMs) as well as CSMs having full emergency contact information for BCSE managers and supervisors.
Better communication with OT on on-going issues in shared field offices.	Improve delineation of duties regarding responsibility for resolving issues in shared offices.

OFFICE OF INSPECTOR GENERAL
Office of Health Facilities Licensure and Certification

NAME	JOB TITLE	ROLE IN EMERGENCY
Shannon Wallace	Director of Operations	Coordinated calls and visits to health care facilities, certified and or licensed in the State of West Virginia

PLEASE PROVIDE A DETAILED SUMMARY OF YOUR AGENCY/COMMISSION'S ROLE IN RESPONDING TO THE STATE OF EMERGENCY

Contacted all health care facilities certified and or licensed by the Office of Health Facilities Licensure and Certification (OHFLC) to assess their status. Information was then relayed to State officials and to the Center for Medicare and Medicaid Services (CMS).

When warranted, OHFLC staff went on-site to ensure facilities and residents were safe.

WHAT WENT WELL AND WHY?

(What were the successful steps taken towards achieving your objective?)

SUCSESSES	HOW TO ENSURE SUCCESS IN THE FUTURE
Collection of vital information from facilities.	Maintain an off line listing of facilities. Ask facilities to supply "emergency" contact numbers. Have prepared spreadsheet of what information to track.

WHAT CAN BE IMPROVED AND HOW?

(What could have been done better? What can your agency/commission do differently in similar situations in the future to ensure success? What would be your advice to future emergency response teams?)

WHAT CAN BE IMPROVED	RECOMMENDATIONS
OHFL&C to be in better communication with the emergency command center.	OHFLC should have a representative either at or in contact with the emergency command center. At times CMS was supplying OHFLC information from the emergency command center.

BUREAU FOR MEDICAL SERVICES

NAME	JOB TITLE	ROLE IN EMERGENCY
Nancy V. Atkins	Commissioner	Needs Assessment & essential staff coordinator
Tina R. Bailes	Deputy Commissioner	Needs Assessment & essential staff coordinator
Cynthia E. Beane	Deputy Commissioner	Needs Assessment & essential staff coordinator
Edward Dolly	Deputy Commissioner	Incident Commander; Center for Threat Prep DHHR EOC
Ed Crawford	BMS Security Coordinator	Logistics Section; Center for Threat Prep DHHR EOC
Alva F. Page, III	Legal Counsel	Needs Assessment & Information Collection
Peggy A. King	Pharmacy Director	Needs Assessment & Information Collection
Vicki M. Cunningham	Pharmacist	Needs Assessment & Information Collection
Michelle A. Gafur	Technology & Reporting Director	Logistics Support
Susan M. Harman	Attorney III	Needs Assessment & Information Collection
Marcus Canaday	HCBS Director	Needs Assessment & Information Collection
Lillie A. Clay	Hospice Program Manager	Needs Assessment & Information Collection
Tanya Cyrus	Policy Administrative Services Director	Needs Assessment & Information Collection
Pat Nisbet	I/DD Waiver Program Manager	Needs Assessment & Information Collection
Penny Hall	AD Waiver Program Manager	Needs Assessment & Information Collection
Sarah K Young	Assistant to the Commissioner	Support & Information Collection

PLEASE PROVIDE A DETAILED SUMMARY OF YOUR AGENCY/COMMISSION'S ROLE IN RESPONDING TO THE STATE OF EMERGENCY

Staff worked at the Public Health Incident Command Center at the Office of Threat Preparedness dealing with emergency crises across the state. Staff coordinated in the procurement of very large amounts of ice, bottled water, oxygen, mobile food preparation equipment and generators, etc. for state and local hospitals and other facilities throughout the state.

Essential staff met to discuss ways to assist, but not duplicate, efforts of other agencies. Staff worked with the Threat Preparedness Command Center and identified a list of issues BMS needed to address:

Pharmacies: A spreadsheet was compiled with phone numbers and zip codes of pharmacies that had not submitted billing after storm and called a few in question to identify areas that may need some assistance with providing medication.

Refrigeration of medications in facilities and shortage of oxygen was evaluated.

BMS provided information on possible sources for oxygen.

BMS reached out to the Aged and Disabled Waiver Case Management agencies to contact their clients to assure they are getting their services.

Hospice providers were contacted to see if they had issues.

Dialysis Centers were contacted.

Intellectual and Developmental Disabilities (IDD – waiver program) providers were contacted for issues.

Behavioral Health providers were assessed.

Issues identified above were forwarded to Public Health Incident Command Center.

Communicated with Center for Medicare and Medicaid Services regarding payment and service issues.

WHAT WENT WELL AND WHY?

(What were the successful steps taken towards achieving your objective?)

SUCCESSSES	HOW TO ENSURE SUCCESS IN THE FUTURE
Obtaining ice, bottled water, generators, and oxygen from public and private entities.	Maintaining high level of communication with these and other entities during normal operations.
The Worker Adjustment and Retraining Notification (WARN) system problem tracking.	Maintaining up-to-date information.
Communication with providers – even those who had no needs appreciated the contact.	Maintaining current contact information and a list of potential resources.

WHAT CAN BE IMPROVED AND HOW?

(What could have been done better? What can your agency/commission do differently in similar situations in the future to ensure success? What would be your advice to future emergency response teams?)

SUCCESSSES	HOW TO ENSURE SUCCESS IN THE FUTURE
Our communication with other agencies and their decision making officials.	Have more agencies represented at the main EOC site during the night shift with the ability to make and execute decisions.