



**U.S. Department of Health and Human Services
Indian Health Service
Navajo Area**



March 2nd, 2007

Dear Distinguished Colleagues:

The Navajo Area Indian Health Service (NAIHS) and Navajo Division of Health (NDOH) are formally requesting the honor of presenting the outcomes of the 2006 Northern Region Mass Vaccination Exercise and related mitigation processes to the AMA-CDC Congress on Health System Readiness, July 18th-20th, 2007 in Washington, DC. It would be our pleasure to share this exciting experience with other professionals and groups.

We believe the overall outcomes of the planning and operational processes involved in developing the frame-work for an exercise of this magnitude would be beneficial to several people. We would greatly appreciate your review of the attached report and consideration of this proposal.

Thank you,

Tommy H. Atha, CHSP, CHPA, CPO
Director of Emergency Services
Navajo Area Indian Health Service
U.S. Dept. of Health and Human Services

CATEGORY:

The Navajo Area Indian Health Service presentation will address several of areas of pandemic influenza planning processes that have been tested and reveal direct outcomes associated with the following areas:

- Medical surge capacity
- Community mitigation strategies
- Emergency healthcare delivery
- Alternative healthcare sites
- Critical community infrastructure maintenance
- Legal and regulatory policy
- Workforce education and safety
- Community education and communication-especially vulnerable populations
- Business community and private sector involvement

PROPOSED TOPICS OF DISCUSSION/PRESENTATION:

The below listed presentations are based on the outcomes of the 2006 Northern Region Mass Vaccination Exercise where 24,000 seasonal flu vaccinations were provided at 15 locations in eight hours.

A Regional Approach to Pandemic and All-Hazards Planning

(Overview of what NAIHS and its partners have accomplished, as a result of intensive and strategic work with each other, as a team.)

Tommy H. Atha, CHSP, CHPA, CPO
Director of Emergency Services
Navajo Area Indian Health Service
U.S. Dept. of Health and Human Services

(Group Facilitator)

A Clinical Approach to Point-of-Dispensing-Site and Alternative Healthcare Planning

(Overview of what the Fort Defiance Hospital and Window Rock School System have developed in regards to an alternate healthcare site.)

CAPT Douglas Espisito, M.D., MPH (USPHS)
Director of Public Health
Fort Defiance Indian Hospital
Navajo Area Indian Health Service
U.S. Dept. of Health and Human Services

Tribal Collaboration with State, Federal, and Business Entities

(Overview of mitigation strategies between tribal, state and local authorities, to include legal issues involving receipt and delivery of the Strategic National Stockpile.)

Dave Nez, BSc

Program Manager I

Director of Public Health Preparedness and Response

Navajo Nation Division of Health

An Administrative View on how to Achieve Maximum Throughput and Utilize Just-In-Time planning at a Point of Dispensing Site

(Overview of what the Kayenta Service Unit achieved as a result of a strong incident command system and community leadership.)

Linda White, RD, MPH

Chief Executive Officer

Kayenta Service Unit

Navajo Area Indian Health Service

U.S. Dept. of Health and Human Services

COMMUNITY DESCRIPTION:

Healthcare on the Navajo Nation

Traditionally, health care to the Navajos meant physical, mental and community wellness, supplemented by medicinal herbs and teas. It also involved prayer, respectful behavior, an active lifestyle, and a proper and adequate diet.

The United States, through the Bureau of Indian affairs, was the first to provide health care to the Navajos. In 1955, the Indian Health Service (IHS), an agency of the U.S. Public Health Service (PHS), assumed that responsibility serving as the primary health care provider for all Native Americans. Through immunization, surveillance, and sanitation, the PHS and IHS have curbed the once high infectious and communicable disease on the Navajo Nation.

Today health care services to the Navajos are provided by Navajo Area Indian Health Service (NAIHS), which receives funding from annual Congressional appropriations. Eight geographic regions called "Service Units" make up the NAIHS; Chinle, Fort Defiance, Gallup, Kayenta, Shiprock, Tuba City, and Winslow (see map in attached report). In the last three years, Tuba City and Winslow have been contracted by the Navajo Nation. Each Service Unit is led by a "chief executive officer" who directs the hospital, health center(s), health station(s), and community health services. Most of the hospitals have administrative, clinical, nursing, and community health directors.

It is important to note that the Navajo Nation is located in four states, seven counties, and within a metropolitan area. The Navajo Nation is the largest Native American Reservation in the United States, with a land mass of approximately 26,000 square miles (approximate size of West Virginia). Patient care services are provided to approximately 300,000 Native Americans each year.

NARRATIVE AND PLANNING PROCESS

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, alternative healthcare, 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, some Albuquerque Area IHS, Phoenix Area IHS and the Grand Canyon area.

Additionally, regional strategies were developed and driven by the performance objectives required in the Cooperative Agreement Grant provided by the Centers for Disease Control (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 provided a base both agencies were able to build upon, thereby facilitating a collaborative team approach to several issues. These issues include 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.

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.
- 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, communications infrastructure and secured continuity of operations development.
- 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.

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 goals and objectives are:

Regional Exercise Goal and Objectives:

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

Objectives include:

- 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 began after the regional objectives were identified. The planning cycle emphasized the following areas of concentration:

- 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 country. 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)/Alternate Health Care sites.
- 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 Command 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.

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 26,000 square mile reservation area. This was accomplished 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 attached report identifies the SNS distribution points and PODS/Alternate Healthcare Sites.

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. A total of 23,926 persons were vaccinated within eight hours. There were a total of eight adverse reactions and total of 60 professionals credentialed throughout the exercise. The Kayenta Service Unit achieved a peak throughput of approximately 1200 vaccinations per hour.

Based on the data provided by the sites, the entire exercise was an overall 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 with each other 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 one Agency, Government or Jurisdiction could transition to become a Multi-Agency Regional Team under a Unified or Area Command System. Listed below 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"> ▪ Great support and flexibility by the Service Units ▪ Outstanding Service Unit outreach to the community
Worked as one team	<ul style="list-style-type: none"> ▪ Cooperation and respectful relationships with all agencies
SNS receipt /delivery and PODS were approved by CDC	<ul style="list-style-type: none"> ▪ Delivery by Rangers and NDPS ▪ Great support from GRSSC ▪ Service Units cooperation with this part of the exercise

Other Notable Exercise Successes

Exercise Success	Factors That Supported Success
Video conference with Asst. Secretary	<ul style="list-style-type: none"> ▪ IT systems worked ▪ Great IT help
Risk Communications/PIO's	<ul style="list-style-type: none"> ▪ Outstanding jobs by all PIO's (Teamwork) ▪ Support and help from the Executive Authority ▪ Training provided prior to the exercise

Exercise Shortcomings

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

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