State of Oregon After-Action Review Enterprise Response to COVID-19



Executive Summary

This after-action review (AAR) focuses on enterprise-wide efforts by the State of Oregon to respond to the COVID-19 pandemic from January 2020 through May 31, 2020. This is an evaluation of systems and coordination effectiveness, not an evaluation of public health decisions and actions. The AAR identifies areas of success and opportunities for improvement for Oregon to take proactive action in helping the state better prepare to respond to any event.

Methodology

Information was collected from individuals and organizations identified as stakeholders by the State Resilience Officer. Data gathering methods included a series of online surveys, specific to each stakeholder group that was surveyed, as well as interviews with individuals or small groups, and review of documentation related to the response and recovery operations of this event and previous events. These documents included but were not limited to situation reports, after-action reports, articles, incident action plans, and executive orders.

Preparedness

Several elements stand out as essential to Oregon's preparedness to respond to COVID-19. The Oregon Health Authority (OHA), Public Health Division (OPHD) created the Public Health High-Impact Pathogen Plan of Operations (HIPPO) to expand planning beyond the pandemic flu scenario and to be better prepared to respond to a spectrum of pandemic situations. While the HIPPO was not officially signed until March 1, 2020, the plan served as a guide to the OHA response to COVID-19 prior to that date. OHA's previous responses and exercises led to a strong, informed blueprint, as outlined in the HIPPO, even for such an unprecedented response. At the executive leadership level, the creation of the Governor's Disaster Cabinet (Executive Order 16-07) and subsequent training exercises created a learning experience to allow agency personnel to understand the roles and responsibilities and created increased competency and engagement for response decision making. On-going continuity of Government and continuity of operations planning, guided by the Executive Branch Continuity of Government State Essential Functions and the Department of Administrative Services Policy 107.001.010, established a starting foundation for state agencies to pivot to remote work as required by the pandemic.

Oregon was one of the first states to have a FEMA staff assigned to its emergency management agency. The FEMA Integration Team (FIT) is embedded full-time with the Office of Emergency Management (OEM) and from the moment the COVID-19 response involved OEM, FIT personnel were facilitating information sharing, response coordination, and resource requests between the state and FEMA. Finally, OHA had been maintaining control of excess supplies from previous responses, including H1N1. OHA inventoried the supplies in 2019 and had a good handle on what supplies were available and could be quickly deployed to meet immediate needs as procurement efforts for additional PPE began. An additional preparedness asset in play for COVID-19 was the Oregon Medical Station, a state-owned temporary mobile facility dedicated for emergency use. Dedicated supplies stored in Salem at the State and Federal Surplus Property were available to support healthcare surge.

Response

The State of Oregon reacted quickly in response to the threat of COVID-19. On January 21, OHA activated its incident management team (IMT) to prepare for and respond to COVID-19 cases. On February 28, 2020, Oregon reported its first positive COVID-19 case, and the Governor convened the Coronavirus Response Team (CRT), a subset of the Governor's Disaster Cabinet (Executive Order No. 16-07), to provide policy guidance. Over the following weeks, the operational tempo increased, and several key decisions and actions were implemented. On March 2, the Oregon Public Health Emergency Response Activation level transitioned to Level 1, which is the highest level of response reserved for critical emergencies. This triggered a full OHA AOC activation in Portland, and the State Emergency Coordination Center (ECC) in Salem entered a state of enhanced watch to support the OHA AOC as the lead agency for public health operations.

On March 8, the Governor of Oregon declared a state of emergency to address the spread of COVID-19. In Executive Order No. 20-03, the Governor directed OEM, in consultation with the Director of the OHA and state Public Health Director, to "take any action authorized" under ORS 401.165 and – the proclamation of a public health emergency. Following Executive Order 20-03, OEM fully activated the State ECC on March 9. Per the Governor's request, all agencies identified as part of the Governor's Coronavirus Response Team provided liaisons to the State ECC. This decision marked the transition from the OHA/Emergency Support Function (ESF)-8 to OEM leading an enterprise-wide response due to the scope, scale, and anticipated long-term nature of the response. It was evident that the lack of pre-planning and coordination between OHA and OEM made this a complicated transition.

With the ECC activation, the ESF 6 was activated to support and manage mass care activities and was coordinating regularly with ESF 8 operations. Through the Governor's Office (specifically the State Resilience Officer) the Oregon Department of Forestry (ODF) and Office of State Fire Marshal (OSFM) were requested to provide IMTs to the AOC, ECC, and the CRT for additional support during the initial and enterprise-wide response. The ODF and OFMD IMTs rotated in two-week intervals, and their involvement was critical in leading the response and facilitating communication between OHA and OEM.

By the end of March, the CRT had been replaced by the Multi-Agency Coordination (MAC) group and MAC Support Group as the executive body providing policy direction, strategic guidance on resources, and overarching incident objectives to the OEM Director and Incident Commander. The MAC group concept was newly developed for the COVID-19 response based on recommendations from ODF/OSFM and was a significant milestone in the response. Over the next two weeks, the MAC group established its strategic intent and priorities, began to make key decisions on PPE allocation, and on April 6, released the "Oregon COVID-19 Structure". Throughout the following months, Oregon's response structure remained consistent, and the operation centers continued to focus on the health and safety of the public and responders, as well as the economic health of the State. During this phase, Oregon's leadership also took action to address and mitigate future challenges to the state's economy.

Findings

The federal National Response Framework defines 31 core capabilities that in general must be accomplished in incident response. Observations on Oregon's Communication efforts can be organized into these core capabilities: Planning, Situational Assessment, Environmental Response/Health and Safety, Operational Coordination, Operational Communications, and Environmental Response/Health and Safety.

Planning	 Comprehensive Emergency Management Program—The program includes a suite of plans, including a hazard mitigation plan, preparedness plan, emergency operations plan and a recovery plan. Training and Exercises —The Governor's Disaster Cabinet (GDC) Exercises in 2018 and 2019 created a sense of buy-in for disaster work across state agencies.
Situational Assessment	Initial Public Health Response—OHA activated emergency operations on January 21 following a health intelligence briefing. Soon after the OHA IMT
	stood up and began augmenting public health personnel with staff from
	across OHA and other agencies as response operations grew.
	Executive Leadership —OHA worked very closely with the Governor and her
	team, providing the best information and guidance possible to assist with
	executive decision-making.
	Agency Engagement—The governor was well prepared to address this event.
	GDC and Economic Recovery EO 16-07 were established. The state agencies
	faced new challenges and were able to quickly adjust to overcome.
Environmental	Public Health Guided Decisions—The Governor's Executive Orders provided
Response/Health &	instructions to protect the health and safety of Oregonians.
Safety	
Operational	Governor-level Leadership—The governor's office was a driving force, which is
Coordination	atypical to other disasters. The Governor's Executive Orders were seen as
	incredibly timely, based on the limited information about coronavirus at hand
	during decision points.

Areas of Success

	Private Sector Partnerships —Oregon has well-established partnerships with agencies and the private sector. Technology was used for information sharing
	despite social distance measures.
Operational	Commitment to Information Sharing at Executive Level—A sub-set of agency
Communications	directors were pulled into a Coronavirus Response Team for efficient decision-
	making. To keep all agency directors informed, existing teams and meetings
	were leveraged as opportunities to share COVID-19 information.
Logistics and	Public-Private Collaboration—Public-private coordination yielded some of the
Supply Chain	best leads to address supply chain shortages.
Management	

Areas of Improvement

Planning	Equity—Providing support to the most vulnerable communities in Oregon
	came into consideration later in the COVID-19 response. Equity and Inclusion
	specialists were not engaged to provide perspective and assistance in
	addressing the needs of marginalized communities.
	High-impact Pathogen Plan of Operations—The HIPPO is primarily an ESF 8
	plan, and it does not provide roles and responsibilities nor the process to
	coordinate with OEM, DAS, or the entire state enterprise.
	Policy-making Responsibility—The CRT was 'established to provide policy
	guidance' to the response and was composed of relevant agency leadership.
	Still, throughout the enterprise response there was a lack of clarity regarding
	who establishes policy for execution. Strategic priorities were not effectively
	established and communicated until the Multi-agency Coordination group
	(MAC) was established.
	Continuity of Operations Planning —Agencies with established, trained, and
	practiced COOP plans and planning programs were able to shift quickly. Those
	with less developed programs faced hurdles in the transition to the remote
	work environment.
	State Planning —The emergency operations plan and organizational structure
	was not followed when the ECC was activated. All ESFs stood up, but then
	OHA and OEM struggled with who was responsible for which tasks
Environmental	Safety Precautions at Emergency Centers—Many activities in the AOC and ECC
Response/Health &	did not follow social distance guidelines or sanitation guidelines. These
Safety	concerns should have been identified and managed by the safety officer,
Salety	which is supposed to be part of the command group according to ICS.
Operational	Role Clarity —There needed to be clearer lines of communications and
Operational Coordination	· · · · · · · · · · · · · · · · · · ·
	accountability for decision making. There were too many people trying to
	make decisions; it took days at times to figure out why and how decisions
	were made.
	Organizational Chart—The focus of leadership on the IMT structures and
	operations slowed the response down and created opportunity for duplication
	of effort and loss of a unified effort.

	OEM Capacity—OEM and the ECC are structured to function as a coordinating body for the state's emergency responses, however this response needed more hands-on operationalization. Many factors fed into this challenge including lack of understanding and buy-in from other state agencies, the unprecedented nature of the response, OEM's pre-COVID staffing and capacity. State Coordination—The state has limited experience coordinating a response of this size, complexity, and duration. Some state ESF partners were not deeply familiar with or experienced in their roles supporting the ECC and the state response structure. Business Engagement—State public health decisions have directly impacted businesses and the economy of Oregon. Communication to businesses was lacking, leaving them unsure where they stood relating to closing, when they should anticipate reopening, and requirement/regulations to guide re- opening.
Operational Communications	 Equity—The state was not prepared to support BIPOC communities, those with literacy challenges, those with limited or no English, and those with access and functional needs. The majority of agencies can support outreach in English, but do not have resources in place to effectively reach more vulnerable populations. Internal Operational Communications—A shared understanding of the situation and operational priorities is critical for agencies to perform well. In this response, communication challenges were ongoing which led to a lack of clarity about what decisions were made and who was in charge. Internal Stakeholder Communications—There were delays in development and distribution of guidance around schedules, time off, and other logistical considerations for state employees about work expectations in the COVID environment. Tribal and County Stakeholder Communications, where local jurisdictions report up to the state about an incident in their area. In this dynamic, the state was the major initiator of communication about the situation and actions to protect health and safety. As the response matured, communication with tribal and county stakeholders was challenging.
Logistics and Supply Chain Management	Inventory Management —The supplies on hand at the ODOC warehouse prior to January 20, 2020 were not all ready to be used off the shelf. Some of the supplies had expired or had deteriorated and could not be used. Inventory numbers from the 2009 H1N1 supplies did not always reflect what was in a box.

Opportunities and Recommendations

The State of Oregon's management of the communication during the COVID-19 response revealed opportunities and recommendations for the state to pursue further. These include:

- Expand awareness and training on the state's emergency programs to build broader understanding of the dynamics involved in emergency response and recovery. This could help build greater bench depth in response rosters for future emergencies.
- Continue statewide training, including internal agency training, multi-agency training, ESF partner agency training, ECC training, GDC agency training, and full system training involving local, state, tribal and federal partners.
- Plans need to be critically reviewed and updated with Black, Indigenous, and Persons of Color (BIPOC), vulnerable populations, and access and functional needs populations centered in the response. State equity specialists should be leveraged to assist in bringing these communities to the table (or the state to these communities) to understand challenges and issues, and then to collaboratively plan to address identified gaps.
- Update the HIPPO to reflect the connection to the enterprise-wide response system
- Train and exercise ESF 8 personnel based on the plan and then orient state, tribal, and local partners to OHA's preparedness and response posture, as reflected in the plan.
- Evaluate the organizational structures outlined in the Basic Plan of the Emergency Operations Plan to determine if the linkage of the Governor's Office and the Governor's Disaster Cabinet to the incident response structure is clear and explicit. Agency-specific support plans need to reflect the linkage to the larger enterprise plans and the role agency leaders play in emergency operations. The suspension of normal day-to-day systems during emergency operations needs to be clear.
- Agency Administrators should consider a critical review of their agency COOP plan to determine if existing planning is adequate to guide agency operations in a future event. State-wide COOP policies should be reviewed to determine if the policies are clear and specific enough to guide the state through an event.
- Work on further integration between ESFs and ICS and set a clear understanding of who is leading. Have all agencies integrate ICS training into staff development broadly, inclusive of leadership.
- Consider OEM's place within the Military Department and whether it is time to adjust OEM's placement in the state organizational structure to provide more visibility and alignment with partner response agencies. This evaluation should include converting the ECC from a coordination center to a full Emergency Operations Center. Create connections with local businesses that could be used to fulfill needed communication requests and develop a communication method to place orders for those supplies from around the state. More top down information sharing and clarity of information.
- More coordinated, strategic operational communication with local, state, tribal and federal partners is critical to a successful response. Establish mechanisms and technology tools that support bi-directional communication from incident leadership to operational staff and vice versa.
- An inventory management strategy needs to be established with clear roles and responsibilities for proper storage of supplies, expiration tracking, and stock rotation and replenishing.