November 15, 2022
Version 002

Summit County Health Department
COVID-19 Response

Executive Summary
Complete After-Action Report / Improvement Plan
January 2020 – May 2022

The After-Action Report/Improvement Plan (AAR/IP) aligns exercise objectives with preparedness doctrine and related frameworks and guidance. Exercise information required for preparedness reporting and trend analysis is included; users are encouraged to add additional sections as needed to support their own organizational needs.

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AAR Executive Summary

"Residents of Summit County should be assured that we are doing everything within our means to protect their health."

~ Thomas C. Fisher, Summit County Manager, Summit County Declaration of Emergency - COVID-19, March 12, 2020.

Summary

The After-Action Report (AAR) was written with the intent to collect and evaluate best practices and lessons learned by Summit County Health Department (SCHD) during the COVID-19 Pandemic response from January 2020 through May 2022. SCHD AAR strategy:

- Record and review key COVID-19 response efforts by the Summit County and the Summit County Health Department.
- Identify achievements, challenges, and gaps in preparedness, response, and recovery actions.
- Strengthen future public health response capabilities in Summit County and the community.

Situation and Timeline

To date there are over 79 million cases of COVID-19 in the United States. Of those cases, more than 969,114 have resulted in death (CDC COVID Data Tracker). Federal, state, and local public health officials continue working tirelessly to promote vaccination and infection mitigation measures as COVID-19 cases decline. This report considers response actions undertaken by Summit County, January 2020 through May 2022.

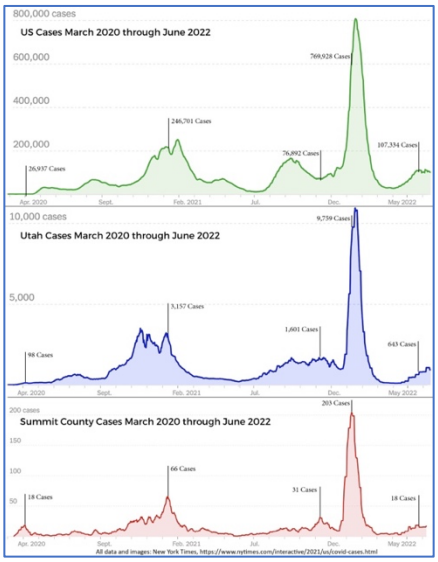
Summit County COVID-19 Statistics

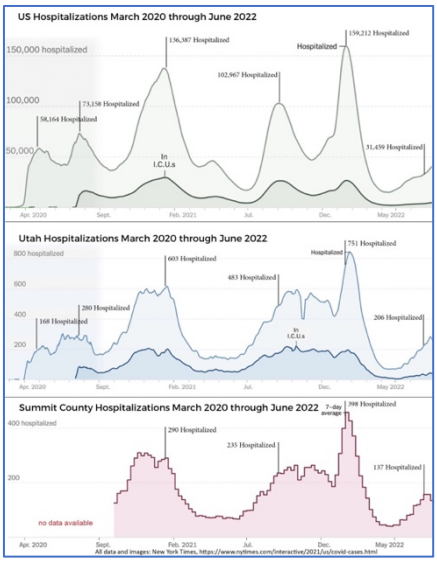
COVID-19 Infection Data, Summit County			**COVID-19 Vaccination Rates, Summit County**	
Total Population	42,647		**Total Summit County Vaccination Rate (5yrs +)**	90%
COVID-19 Cases	14,158		**Senior 65+ (*demand exceeds estimated population*)**	107%
COVID-19 Hospitalizations	332		**Adults 18-64**	94%
COVID-19 Hospitalization, ICU	50		**Adolescents 12-17**	81%
COVID-19 Deaths	26		**Children 5-11**	47%

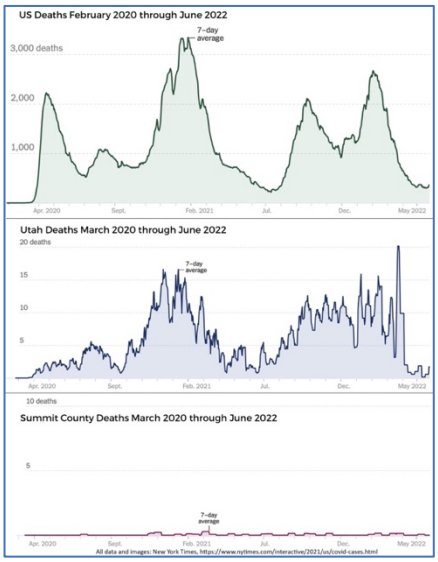
- *Pediatric <5 data incomplete for this time-period.*

Table 1: Summit County COVID-19 Vaccination Rates

COVID-19 Date Comparisons, January 2020 through May 2022





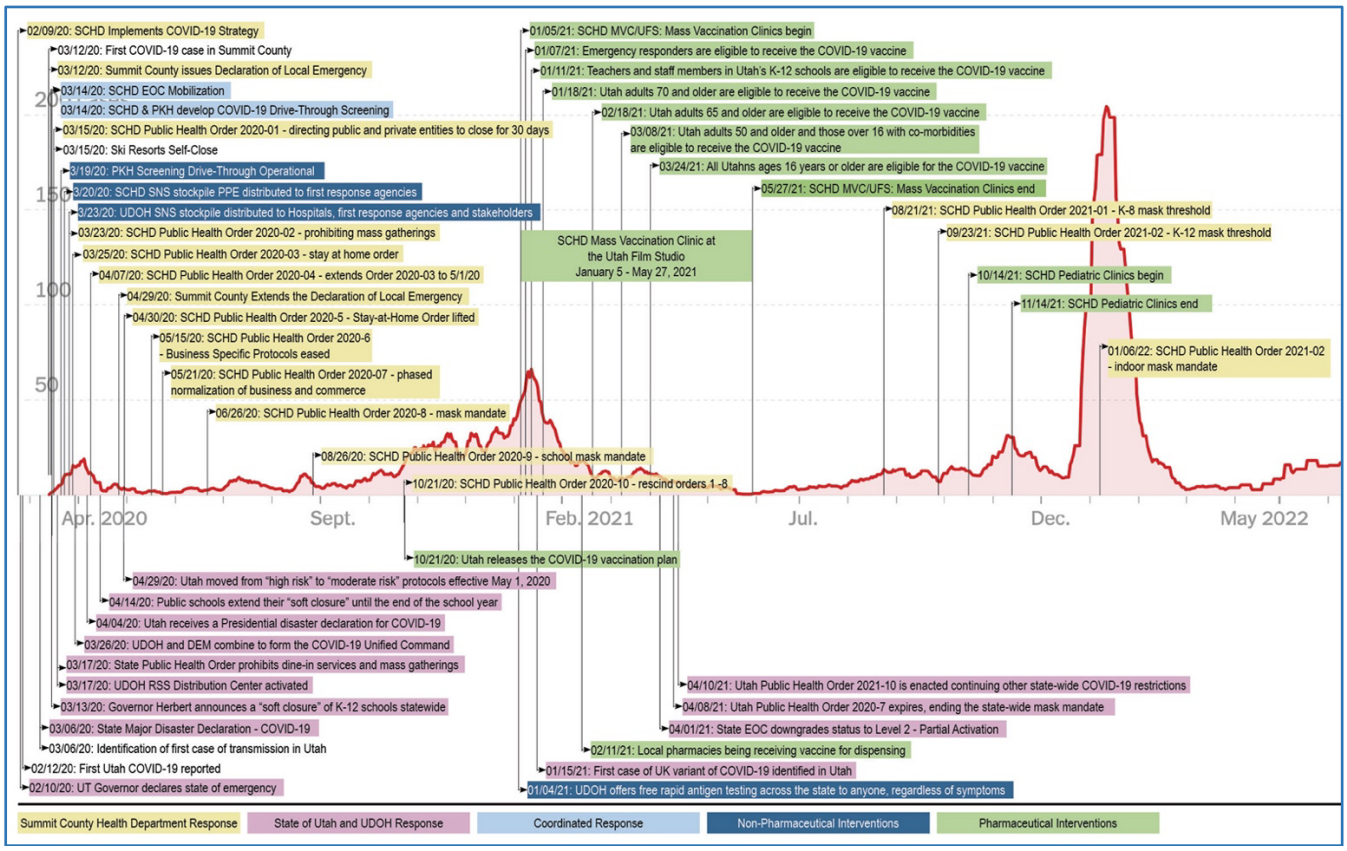


Case rate spikes were flatter and of shorter duration.

COVID-19 related hospitalizations pushed local capacity.

COVID-19 related fatality rates were very low.

COVID-19 Response Timeline and Summit County Case Counts



SCHD COVID-19 Response Analysis

The report and findings are framed around the public health emergency response national standards defined by the Centers for Disease Control and Prevention (CDC) Public Health Emergency Preparedness and Response Capabilities (CDC, 2019) and summarized in Table 2 below.

Domain	Capability
1. Community Resilience	• Community Preparedness • Community Recovery
2. Incident Management	• Emergency Operations Coordination
3. Information Management	• Emergency Public Information and Warning • Information Sharing
4. Countermeasures and Mitigation	• Medical Countermeasure Dispensing and Administration • Medical Materiel Management and Distribution • Nonpharmaceutical Interventions • Responder Safety and Health
5. Surge Management	• Fatality Management • Mass Care • Medical Surge • Volunteer Management
6. Biosurveillance	• Public Health Laboratory Testing • Public Health Surveillance and Epidemiological Investigation

Table 2: CDC Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal and Territorial Public Health (CDC, 2019)

Domain 1: Community Resilience

Community resilience is the ability of a community to use its assets to strengthen public health and healthcare systems, and to improve the community's physical, behavioral, and social health to withstand, adapt to, and recover from adversity (ASPR, 2022; CDC, 2019).

Domain 1: Community Resilience	Key Observations
Capability 1: Community Preparedness *Community preparedness is the ability of communities to prepare for, withstand, and recover from public health incidents in both the short and long term.*	• Public Health Emergency Preparedness (PHEP) Public Health Emergency Manager on staff. • Public health emergency response plans in place but outdated. • Jurisdictional Risk Assessment completed. • Recommend increased community integration. • Clinical Emergency Response: Professionalism, standards of care, and organization rated very high. • Update Medical Reserve Corps (MRC) plans, training, exercises, and recruitment. • Recommend MRC and volunteer management plans and technology support systems.

Capability 2: Community Recovery *Community recovery is the ability of communities to identify critical assets, facilities, and other services within public health, emergency management, health care, human services, mental/behavioral health, and environmental health sectors that can guide and prioritize recovery operations (CDC, 2019).*	• Develop and communicate response strategies, objectives, and actions. • Leverage community assets, programs, and resources. • Develop school public health emergency response plans and policies. • Ensure health equity measures are incorporated. • Continue to build and strengthen Community Partners and Stakeholder Relationships and services. • Integrate community organizations in emergency preparedness planning and communication. • Develop Environmental Health emergency response plans and policies. Review and develop community recovery funding and assistance programs such as grants, services, assistance, and subsidies.

Domain 2: Incident Management

An incident command structure is critical to organize the response within a healthcare facility, agency, or across disciplines to assure common structures, terminology, communications, development of objectives, and management of information and resources (ASPR, 2022; CDC, 2019).

Domain 2: Incident Management	Key Observations
Capability 3: Emergency Operations Coordination *Emergency operations coordination is the ability to coordinate and support an incident by implementing a standardized, scalable system of oversight, organization, and supervision.*	• Emergency Response Activation: SCHD adopted National Incident Management System/Incident Command System (NIMS/ICS), Health Director appointed Incident Commander (IC). • Emergency Operations Center (EOC) early activation (information gathering, stakeholder integration, community support). • EOC confusion at transition to on-scene Mass Vaccination Clinic (MVC) operations; recommend review of EOC role, boundaries, and communication processes. • Policy Group effective and supportive; critical to Health Orders and legal issues, major decision making, vertical communication, and budget management. • Review and update EOC planning and integration: plans, staffing, roles, training, and exercises. • Staff limitations required reassignments, temporary, and volunteer (MRC) staff – rapid recruiting and hiring process required as well as training and exercises. • Review Emergency Support Function# 8 (ESF8): Health and Medical Services Annex of the National Response Plan to validate SCHD roles and responsibilities. • NIMS/ICS and EOC training helpful, however, additional, micro-learning is recommended. • Recommend development of rapid purchasing and hiring policy and processes recommended. • Summit County Personnel Department support lacking; recommend future participation, especially for volunteer management. • Recommend update Mutual Aid Agreements with partners, facilities, and community organizations.

Domain 3: Information Management

Information management involves the gathering and dissemination of timely information and data that is pertinent to the unfolding and ongoing emergency (CDC, 2019).

Domain 3: Information Management	Key Observations
Capability 4: Emergency Public Information and Warning *Emergency public information and warning is the ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management personnel*	• Public information strategy: transparent, immediate, and accurate public information. • Public information, alerts, warnings, social-media, and communications campaigns effective. • Community organizations and stakeholders critical to building communication strategies, programs, and public trust. • Strengthen communication paths with vulnerable populations recommended. • Joint Information Center (JIC) operations in place. • Call-Center critical to public assistance. • Community participation critical to communication.
Capability 6: Information Sharing *Information sharing is the ability to conduct multijurisdictional and multidisciplinary exchange of health-related information and situational awareness data among federal, state, local, tribal, and territorial levels of government and the private sector.*	• Common operations picture developed through NIMS/ICS. • Incident statistics and analysis alignment recommended. • Partners and stakeholders included through EOC and response programs. • Strengthen partner information flow, process, and tools. • Information systems training for staff to assure redundancy.

Domain 4: Countermeasures and Mitigation

Countermeasures and mitigation involves the dispensing and administration of pharmaceutical and non-pharmaceutical countermeasures to prevent, mitigate, or treat the adverse health effects of a public health incident. This capability focuses on dispensing and administering medical countermeasures, such as vaccines, devices, antiviral drugs, antibiotics, and antitoxins, as well as non-pharmaceutical programs, such as public information, community outreach, and personal protective equipment (PPE) distribution (TN Dept of Health; CDC, 2019).

Domain 4 – Countermeasures & Mitigation	Key Observations
Capability 8: Medical Countermeasure Dispensing and Administration *Medical countermeasure dispensing and administration is the ability to provide medical countermeasures to targeted populations to prevent, mitigate, or treat the adverse health effects of a public health incident.*	• Cities Readiness Initiate (CRI) and Points of Dispensing Site (PODS) plans in place but outdated. Effective implementation, nonetheless. • Contract tracing and case management required many temporary staff and response partner support. Challenging task overall. • Mass Vaccination Clinic Campaigns: closed, community-wide mass vaccination, targeted, specialty, mobile, business, adolescent, pediatric, and partner clinics. • Vaccine-scarcity necessitated multiple MCM and PODS plan changes. • Governor's priority system challenging but achievable. • Regional Mass Vaccination Clinic at Utah Film Studio was highly successful.

	• MRC community volunteers were highly effective and supportive. • Vaccine Administration Management System (VAMS) used for vaccination registration. Effective but sometimes challenging. • Call center critical to public assistance, especially aging populations. Call center support of registration process was imperative. Increasing call volumes required expansion to on-line, call center provider.
Capability 9: Medical Materiel Management and Distribution *Medical materiel management and distribution is the ability to acquire, manage, transport, and track medical materiel during a public health incident or event and the ability to recover and account for unused medical materiel, such as pharmaceuticals, vaccines, gloves, masks, ventilators, or medical equipment after an incident.*	• Cities Readiness Initiate (CRI), Strategic National Stockpile (SNS), and Points of Dispensing Site (PODS) plans in place but outdated. Effective implementation, nonetheless. • Personal protective equipment (PPE) distribution to response partners, community organizations, businesses, and public – free of charge (1.3 million items received, 60% distributed). • Community organizations and governments assisted with PPE distribution. • PPE inventory and distribution technology solution recommended. • Jurisdictional PPE needs assessment recommended.
Capability 11: Non-Pharmaceutical Interventions *Non-pharmaceutical interventions are actions that individuals and communities can take to help slow the spread of illness or reduce the adverse impact of public health emergencies.*	• Cities Readiness Initiate (CRI), Strategic National Stockpile (SNS), and Points of Dispensing Site (PODS) plans in place but outdated. Effective implementation, nonetheless. • Call center critical to public assistance. • Quarantine and isolation facilities effective, though initially unprepared. Relationship with property owners facilitated by Chamber of Commerce. Meals and healthcare were issues. Legal and law enforcement quarantine order support required. • Declaration of Emergency for state/federal support – early adoption critical. • Proactive Health Orders issued to reduce virus spread in community: social-distancing, face coverings, business restrictions, stay-at-home, mass gathering restrictions, and Environmental Health requirements. Significant legal, communication, enforcement, economic, and community impact. • Stakeholder participation in crafting orders, plans, appeals, and enforcement critical. • Recommend policy development, planning, training, and exercises with schools. • Community assistance, support, and subsidies through government and community programs critical. Additional planning and preparedness required.
Capability 14: Responder Health and Safety *Responder health and safety is the ability to protect public health and other emergency responders during pre-deployment, deployment, and post-deployment.*	• Update Closed Points of Dispensing Site (PODS). • Closed PODS opened at SCHD. Effective implementation. • Responder contacts and priority groups to be updated – Personnel Department priority list did not align with state-issued guidance. Technology solution recommended.

Domain 5: Surge Management

Medical surge is the ability to expand care capabilities and to provide medical evaluation and care to the injured or ill during events, natural or man-made, that cause health care facilitates to exceed the limits of their normal medical capacity capabilities in response to a great increase in demand (TN Dept of Health; CDC, 2019).

Domain 5: Surge Management	Key Observations
Capability 5: Fatality Management *Fatality management is the ability to coordinate with partner organizations and agencies to provide fatality management services.*	• Managed by Summit County Sheriff's Office under Emergency Support Function# 8 (ESF8): the Health and Medical Services Annex of the National Response Plan. • Fatality management plans were discussed, but not necessary; issues included: mass fatality cold storage, morgues, funeral homes, refrigerated trucks, ice rinks (*rejected*), resources, and security (secure and shielded from public view).
Capability 7: Mass Care *Mass care is the ability of public health agencies to coordinate with and support partner agencies to address, within a congregate location (excluding shelter-in-place locations), the public health, health care, mental/behavioral health, and human services needs of those impacted by an incident.*	• SCHD acted as lead agency for COVID-19 response efforts in Summit County as directed by Federal, State and local statutes (*Appendix 5: Public Health Legal Authorities*) and under guidance by the CDC Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health and Emergency Support Function (ESF) #8: Public Health and Medical Services. • Mental and behavioral health services remained active during the pandemic as programs and partnerships were leveraged to meet significantly increasing demand. • Recommend response partner planning and exercises related to ESF8 and other mass-care incidents. • Update Mutual Aid Agreements with partners, facilities, and community organizations recommended.
Capability 10: Medical Surge *Medical surge is the ability to provide adequate medical evaluation and care during events that exceed the limits of the normal medical infrastructure of an affected community*	• SCHD and Park City Hospital (PKH) worked closely to monitor surge indicators such as case counts, infection rates and ED/ICU capacities though SCHD and PKH did not have a formal agreement in place for surge response. • Recommend developing Medical Surge plans, training, and exercises in partnership with PKH and other response partners. • The Regional Emergency Response Coalition (SST) Surge Management Plan was drafted, but not officially adopted to the SCHD Public Health Emergency Response Plan. • Update Mutual Aid Agreements with partners, facilities, and community organizations recommended.
Capability 15: Volunteer Management *Volunteer management is the ability to coordinate with emergency management and partner agencies to identify, recruit, register, verify, train, and engage volunteers.*	• Medical Reserve Corps (MRC) was highly effective during all phases of response successful (volunteers: 500+, 15k hours, $450k). • MRC and volunteer management transferred from People's Health Clinic to SCHD to support expanded SCHD Mass Vaccination Clinic operations. • Summit County Treasurers Office support of MRC volunteer program instrumental to success. • MRC Deployment/Operations Plans in draft; priority development recommended.

	• MRC Volunteer Management Plan development; priority development recommended. • MRC volunteer recruitment, management, and training program using cloud-based, technology solution recommended. • Volunteer agreement, liability waiver, and county policy; priority development recommended. • MRC equipment and supplies stock and readiness. • MRC regional, State MRC, Utah Responds State Registry of Volunteers and national MRC coordination recommended.

Domain 6: Biosurveillance

Biosurveillance primarily focuses on developing effective surveillance, prevention, and operational capabilities for detecting and countering biological threats (DHS, 2022; CDC, 2019).

Domain 6: Biosurveillance	Key Observations
Capability 12: Public Health Laboratory Testing *Public health laboratory testing is the ability to implement and perform methods to detect, characterize, and confirm public health threats.*	• SCHD Clinical Staff conducted COVID-19 antigen sample collecting and rapid test results only. Results were typically provided within 24 hours. • Polymerase Chain Reaction (PCR) testing was provided locally at PKH and through third-party organizations such as NOMI Health Curative. Samples were provided to contracted laboratories for testing and results reporting within one to three days. • Recommend response partner testing program alignment.
Capability 13: Public Health Surveillance and Epidemiological Investigation *Public health surveillance and epidemiological investigation is the ability to create, maintain, support, and strengthen routine surveillance and detection systems and epidemiological investigation processes.*	• Contact Tracing and Case Investigation: SCHD Clinical Staff provided case investigation and contact tracing during the pandemic. As volumes grew, staff reassignments and temporary staff were required to assist with contact tracing and case investigation activities. • Epidemiological Investigation: Once COVID-19 funding became available, Summit County hired an epidemiologist. The epidemiologist provided data tracking, analysis, and forecasting to support clinical staff, public communications, mass vaccinations, and to inform planning and policy decisions. • Recommend planning, training, and exercises to include public health surveillance and epidemiological investigation. • Recommend standardized data collection, analysis, and reporting for response partners and community consumption.

Improvement Plan

Moving forward, SCHD will incorporate these findings to develop emergency response and preparedness strategies, policies, plans, training, exercises, and community integration and participation opportunities. Improvement planning will take place over time, prioritized by need, threats, and community risk. Community needs, demographics, and awareness will help define the evolving, flexible process of community preparedness. Summit County has identified several critical actions necessary to meet CDC and local health capabilities requirements, as well as improved community resilience and collaboration.

SCHD COVID-19 AAR Improvement Plan Recommendations and Critical Actions	
Public Health Emergency Response (PHEP)	• CDC Public Health Preparedness and Response Capabilities • NACCHO Project Public Health Ready (PPHR) • Jurisdictional Risk Assessment
Medical Reserve Corps (MRC)	• ASPR Medical Reserve Corps Deployment Guide and MRC Connect • MRC Volunteer Management Plan and System
SCHD Clinical Staff	• Medical Surge planning and Memorandums of Understanding (MOU) • PHEP planning, training, and exercises • School District planning (school nurses) • Long-term care and home-bound program development
Summit County Health Department	• PHEP planning, training, and exercises • NIMS and ICS training and exercises • Cross-over and redundancy training • Update Memorandums of Understanding (MOU) • Communication and outreach
Summit County	• NIMS and ICS training and exercises • Cross-over and redundancy training • Update Memorandums of Understanding (MOU) • Call-Center planning and exercises
Response Partners	• Local governments, first response agencies, and medical providers integration, communication, and response planning • PHEP planning, training, and exercises
Community Preparedness	• School District integration, planning, and communication (Administration) • Community Public Health Emergency Preparedness • Business Community planning and integration • Community Support Programs development and planning

Utilizing the CDC Capabilities as the foundation, and incorporating other emergency preparedness tools and resources, programs such as plan development, training, and exercises can be developed to address gaps, improve organizational capabilities, and build stronger, more effective response programs. These same guides can be used to align and integrate external organizations such as response partners, the Medical Reserve Corps, community organizations, and individuals, offering a whole-community approach to public health preparedness, response, and recovery.

Improvement Plan Tools and Resources	Description
CDC Public Health Preparedness and Response Capabilities	Public health emergency response guidance. Compliance required as part of PHEP program.
NACCHO Project Public Health Ready (PPHR)	Criteria-based training and recognition program that assesses local health department capacity and capability to plan for, respond to, and recover from public health emergencies.
ASPR Medical Reserve Corps Deployment Guide & MRC Connect	MRC deployment planning and on-line MRC cooperation tool.
Utah Office of Emergency Medical Services and Preparedness	State department for public health emergency planning and PHEP Cooperative Agreement Grant.
ASPR Public Health Preparedness & Response	Administration for Strategic Preparedness and Response guidance and reference.
USHHS, FEMA, CDC, UHHS, NACCHO ASPR, APHA, APHN, IAEM	Organizations and associations related to emergency preparedness planning, guidance, training, and certifications.
FEMA Independent Study, Utrain, ICDP	Training resources related to emergency preparedness.

Summit County Health Department

COVID-19

After-Action Report and Appendices

01: Introduction

"Residents of Summit County should be assured that we are doing everything within our means to protect their health."

~ Thomas C. Fisher, Summit County Manager, Summit County Declaration of Emergency - COVID-19, March 12, 2020.

Situation and Timeline

To date there were over 79 million cases of COVID-19 in the United States. Of those cases, over 969,114 resulted in death (CDC COVID Data Tracker). Federal, state, and local public health officials continue working tirelessly to promote vaccination and social distancing measures as COVID-19 cases begin to decline.

A few weeks after the identification of a novel coronavirus in Wuhan, China, the Utah Department of Health (UDOH) confirmed the first case of COVID-19 in Utah on February 28, 2020. The UDOH and the Utah Division of Emergency Management immediately activated the State Emergency Operations Center to monitor the situation. On March 16, 2022, Governor Gary Herbert proclaimed a state of emergency for Utah due to COVID-19. As of May 31, 2022, the state of Utah has recorded 953,397 total confirmed COVID-19 cases and 4,797 total deaths. The hardest-hit counties were Salt Lake County and Utah County, with Summit County tenth on the list of 32 counties (UDOH COVID-19 Surveillance).

On March 12, 2020, the first confirmed case of COVID-19 community transmission in the State of Utah was identified in Summit County. "This is the first case of community transmission in Utah, and it reinforces the importance of all the community mitigation efforts we've been talking about for the past several weeks," said Dr. Angela Dunn, State Epidemiologist for the UDOH (UDOH, 2020). Immediately following the state announcement, Summit County Manager Thomas C. Fisher responded: "On [March 12, 2020], Dr. Bullough and I signed local emergency declarations in anticipation of the very situation we have announced this morning. These declarations were not made lightly and will allow us to utilize emergency resources to combat the spread of COVID-19. Summit County, our municipalities and our other community partners are prepared and ready" (UDOH, 2020).

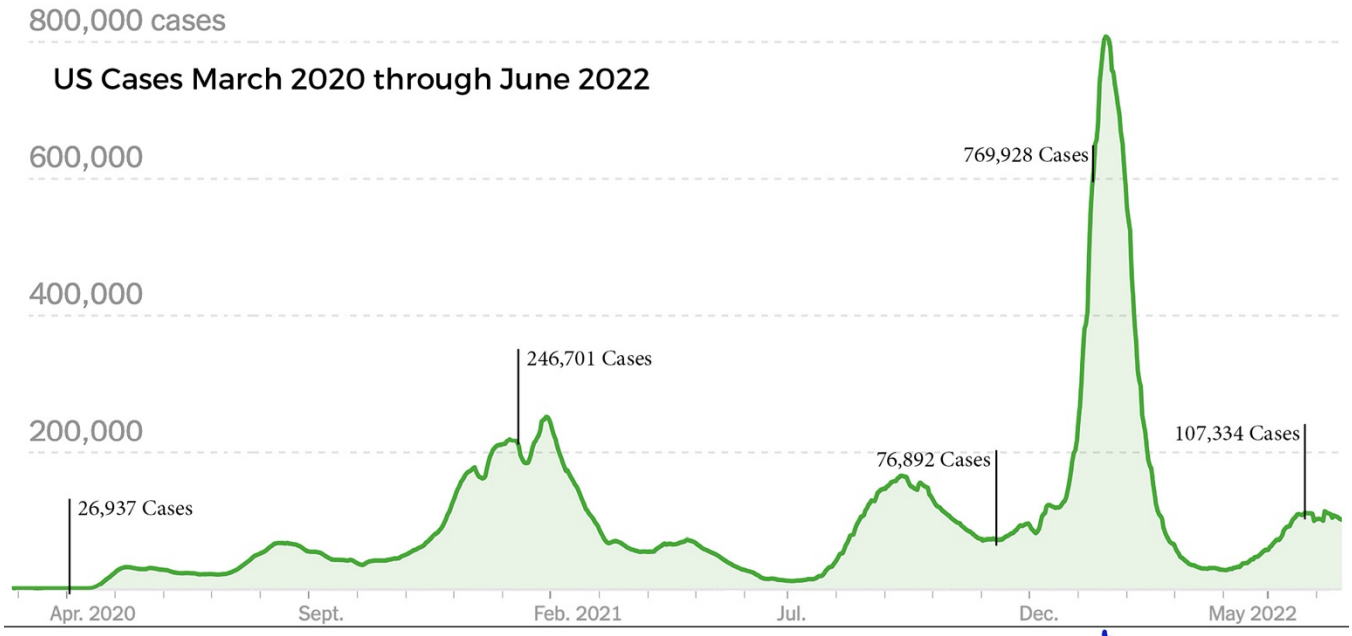
The Summit County Health Department (SCHD) began to monitor the situation in late January, 2020 to formulate public messaging and prepare for local response. Approximately six weeks later, 28 residents of Summit County had tested positive for COVID-19. The county responded by activating the Emergency Operations Center (EOC) and appointed Dr. Rich Bullough, SCHD Health Director as Incident Commander.

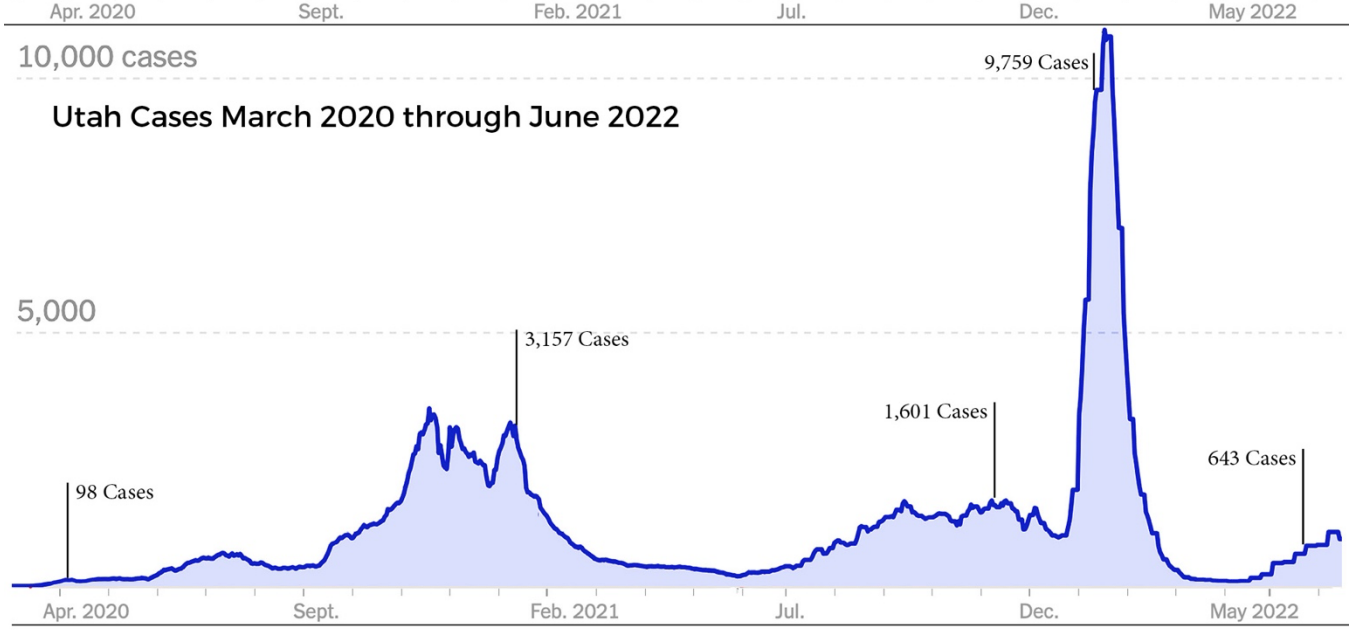
In December of 2021, the SCHD received notification of the availability and delivery of COVID-19 vaccines to Summit County. Plans were immediately put into place to operate a drive-through mass vaccination clinic (MVC). Over the course of four months, the MVC dispensed over 22,000 vaccines.

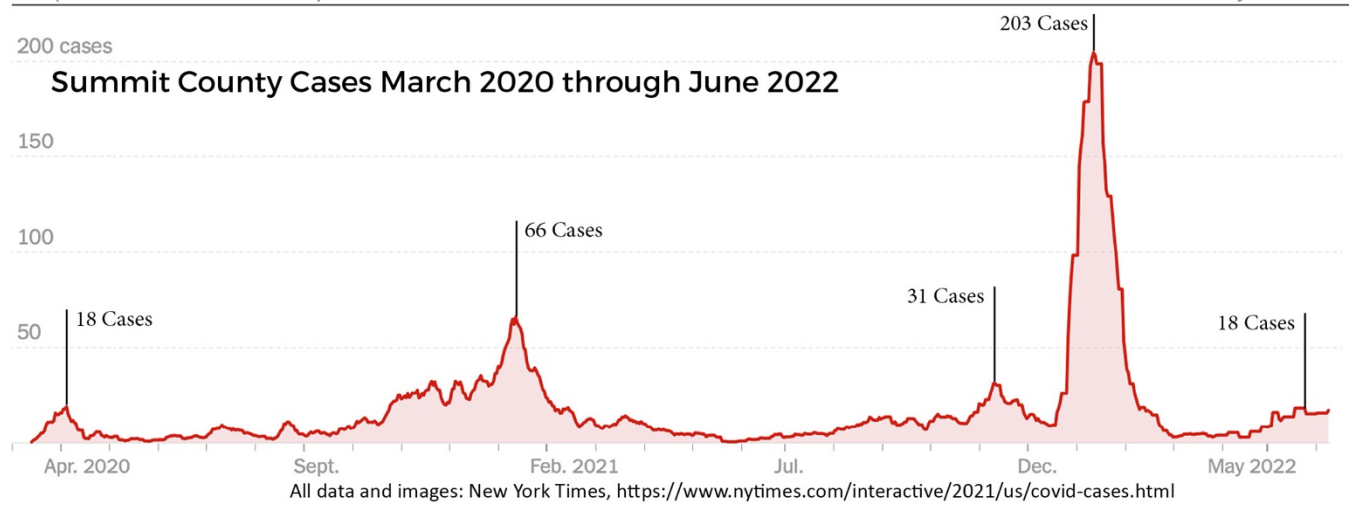
As of May 31, 2022, Summit County has recorded 14,158 confirmed cases and 26 deaths, with 90% of the population having completed their primary vaccine series (UDOH COVID-19 Surveillance).

Case Count Comparison Graphs

Note: Y-axis units fluctuate to accommodate data scale.

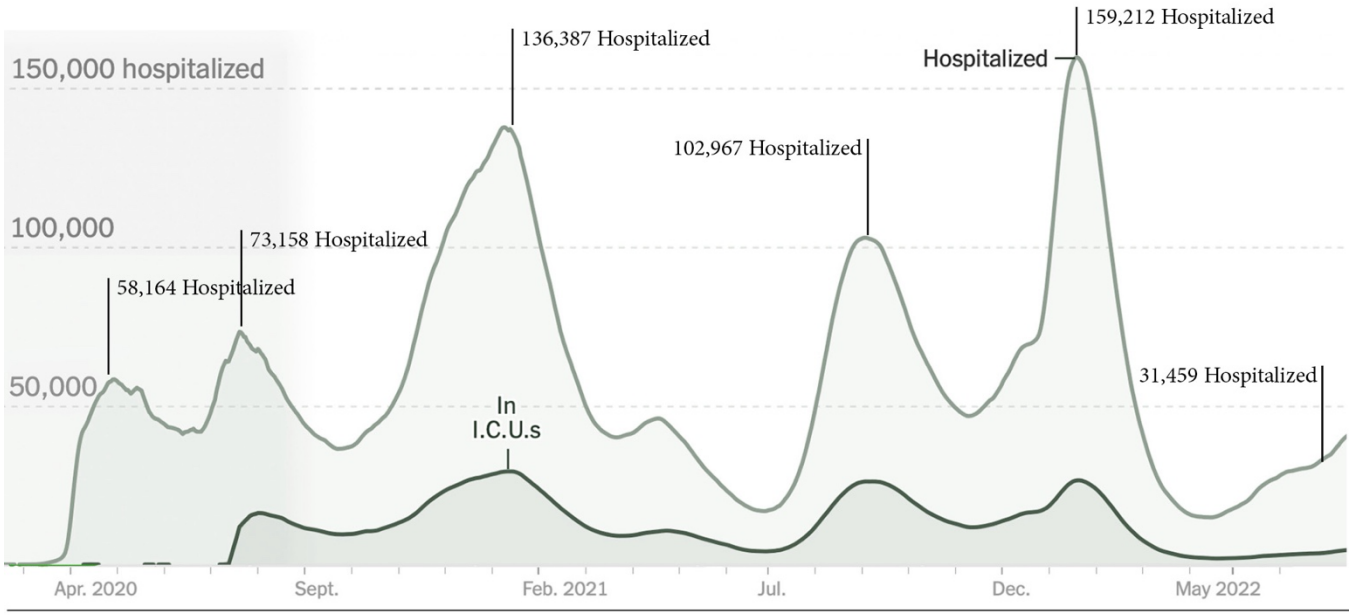




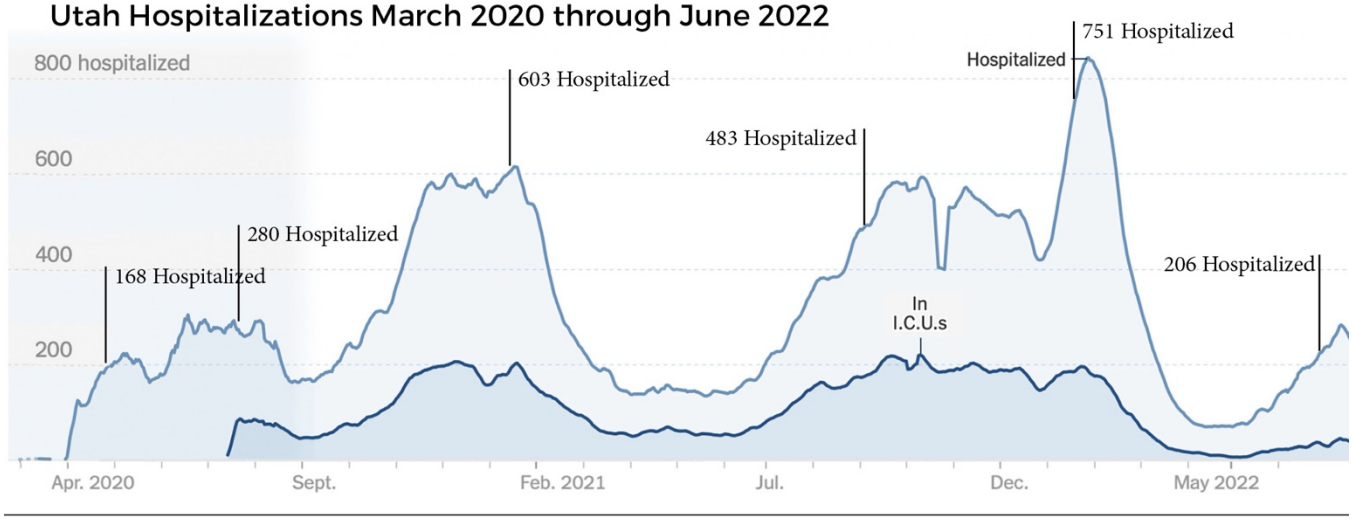


All data and images: New York Times, https://www.nytimes.com/interactive/2021/us/covid-cases.html

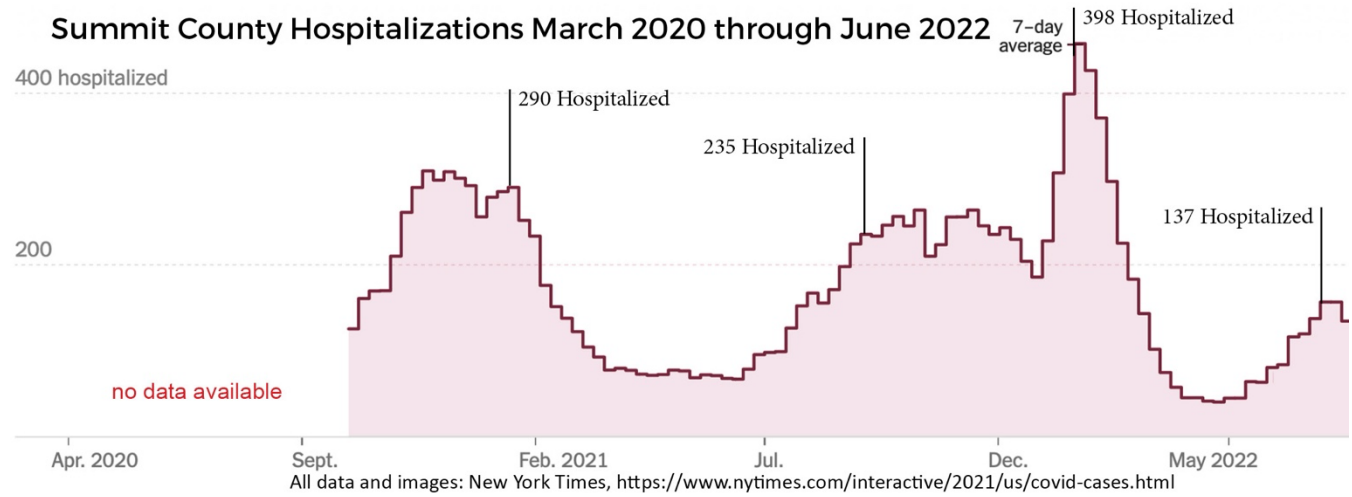
US Hospitalizations March 2020 through June 2022



Utah Hospitalizations March 2020 through June 2022



Summit County Hospitalizations March 2020 through June 2022



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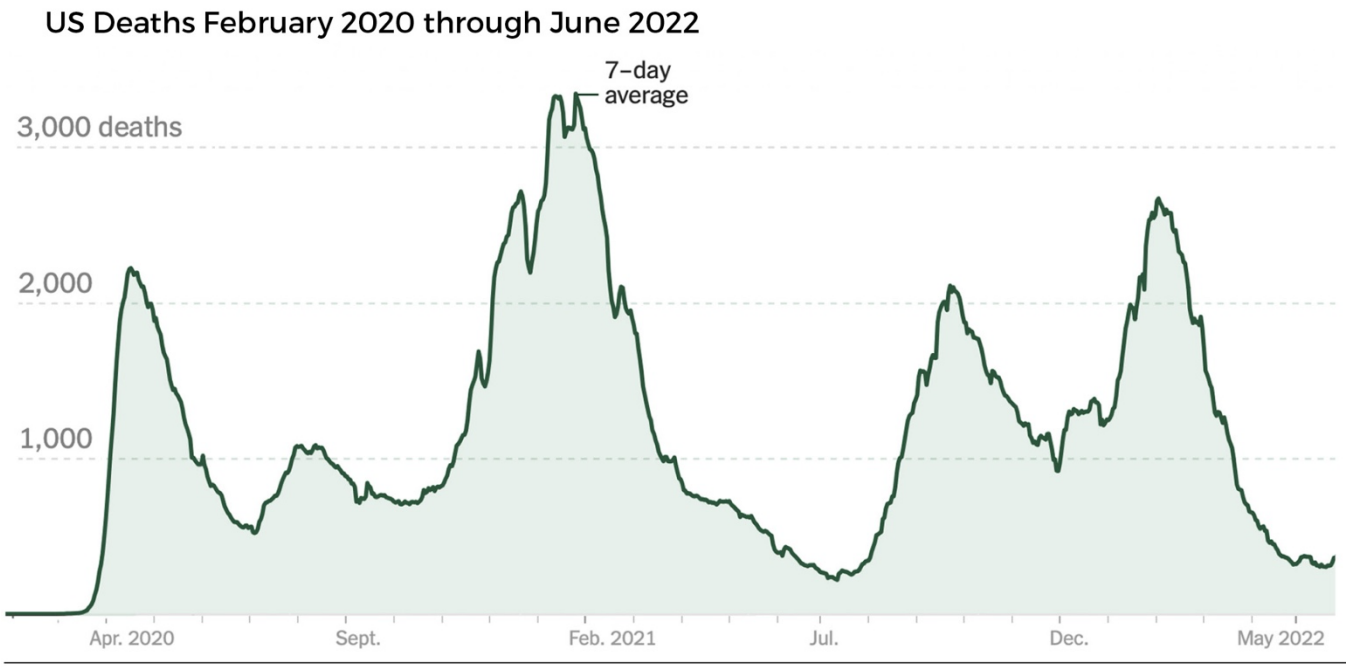
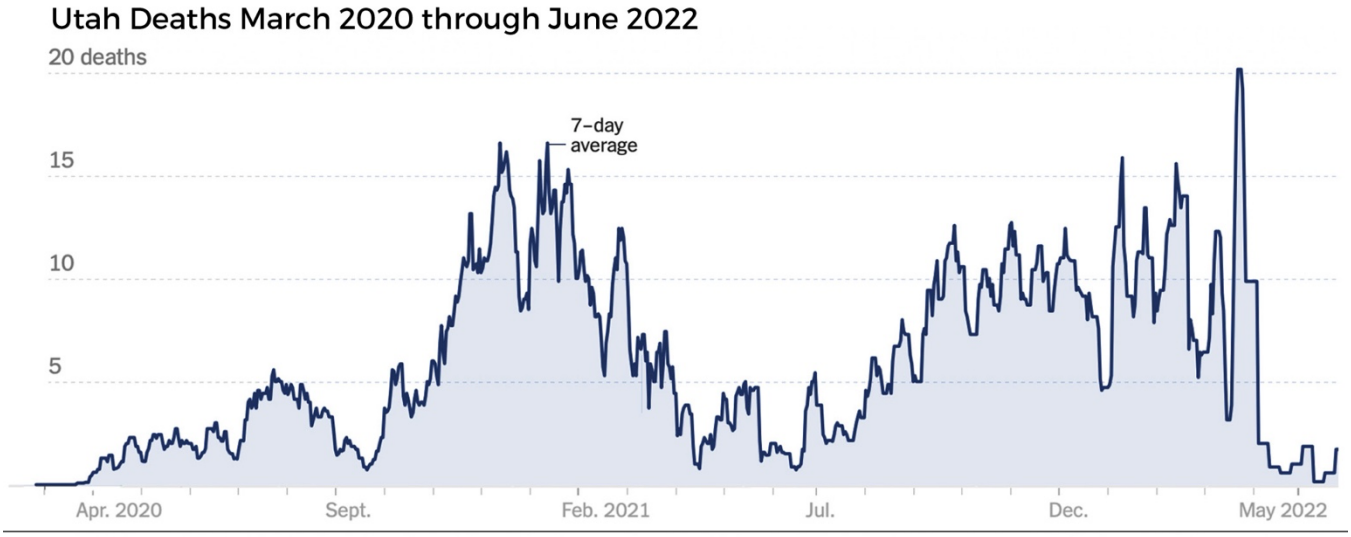
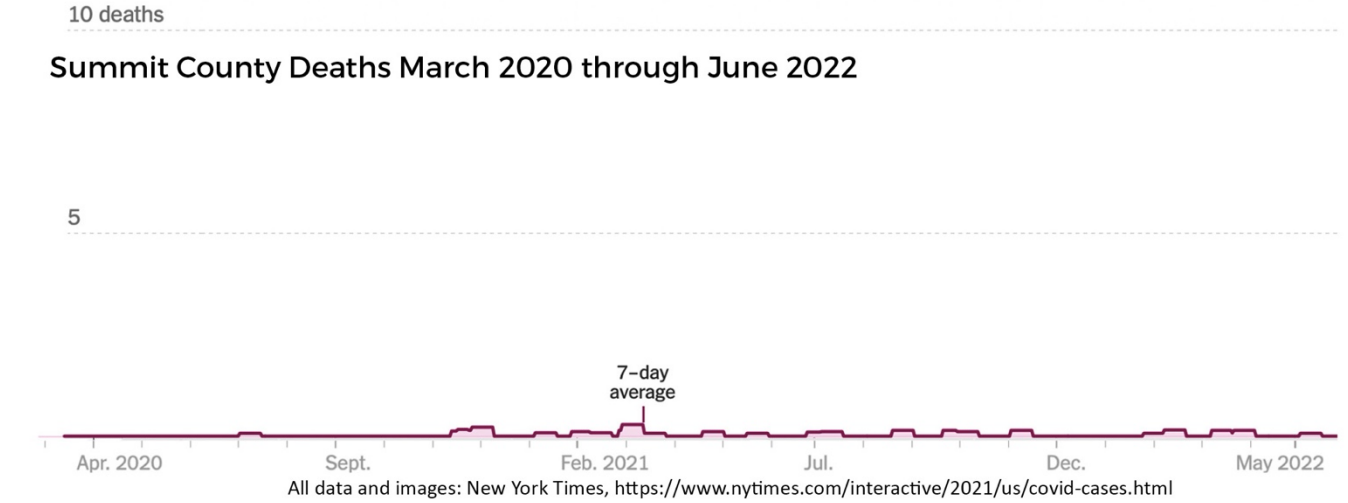






All data and images: New York Times, https://www.nytimes.com/interactive/2021/us/covid-cases.html

02: After-Action Report Development

Summary

The After-Action Report (AAR) was written with the intent to collect and evaluate best practices and lessons learned during SCHD's COVID-19 response and recovery from January 2020 through May 2022. The purpose of the AAR is to record key COVID-19 response efforts, identify successes, challenges and gaps, and strengthen future response capabilities through planning, training, exercises, and community preparedness.

The AAR assessed the capabilities of SCHD in a comprehensive and objective manner that allows experiences to be shared and improved among response partners and stakeholders. This report summarizes the strengths and areas for improvement that were identified as having the highest potential impact on other pandemic responses and feasible recommendations for future efforts.

Data Gathering Process

The AAR has been compiled using a mixed-method data gathering approach. This included a comprehensive review of SCHD's incident documentation, an online survey distributed to stakeholders, and surveys with SCHD staff, volunteers, and partner organization staff who held response roles.

All data was reviewed and analyzed by a team comprise of Summit County emergency management and public health professionals to provide a fair and honest analysis of the response and to develop realistic and actionable improvement recommendations.

Survey

The SCHD COVID-19 AAR survey was developed in collaboration with the COVID-19 Emergency Response team from the SCHD and distributed widely to SCHD staff, EOC staff, volunteers, and key stakeholders and partners involved with the overall response.

A total of 215 survey respondents completed all or some of the questions. The responses came from SCHD staff, Summit County staff, Summit County Sheriff's Office, Park City Police Department, Park City Municipal, local schools and daycare operations, local businesses, community religious organizations, medical providers, other municipalities, and volunteers.

Survey participants were asked to provide their perspectives on the SCHD COVID-19 response efforts using Survey Monkey response tools. They were asked questions in the areas of:

- Community Preparedness
- Emergency Operations Coordination
- Emergency Public Information and Warning
- Information Sharing
- COVID-19 Vaccine Distribution (Medical Materiel Management and Distribution)
- Responder Safety and Health
- Volunteer Management

- Public Health Orders and Guidance

Data from the surveys informed the identification of themes and respondent comments informed the strengths and areas for improvement. Relevant results are provided in each section of the report. See *Appendix 4: Stakeholder and Community Surveys* for questions and responses.

Interviews

One-on-one interviews were conducted to review major responses that influenced critical response decisions. Interviewees from areas such as public health, government administration, communications, first response, and community partners were identified by SCHD as key stakeholder partners and staff during the COVID-19 response. Interviews sought to discuss important readiness and response efforts, as well as identify strengths and areas for improvement relating to their response efforts and recommendations for future implementation.

03: COVID-19 Response Analysis

The report and findings are structured utilizing the public health emergency response national standards defined by the Centers for Disease Control and Prevention (CDC) Public Health Emergency Preparedness and Response Capabilities. Grouped by thematic response domains, the CDC Capabilities provide a clear and effective system to define, organize, prioritize, and attain emergency preparedness and response capacity for local public health systems (CDC, 2019).

Domain	Capability
1. Community Resilience	• Community Preparedness Community Recovery
2. Incident Management	Emergency Operations Coordination
3. Information Management	• Emergency Public Information and Warning • Information Sharing
4. Countermeasures and Mitigation	• Medical Countermeasure Dispensing and Administration • Medical Materiel Management and Distribution • Nonpharmaceutical Interventions • Responder Safety and Health
5. Surge Management	• Fatality Management • Mass Care • Medical Surge • Volunteer Management
6. Biosurveillance	• Public Health Laboratory Testing • Public Health Surveillance and Epidemiological Investigation

Table 1: CDC Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal and Territorial Public Health (CDC, 2019)

Domain 1: Community Resilience

Community resilience is the ability of a community to use its assets to strengthen public health and healthcare systems, and to improve the community's physical, behavioral, and social health to withstand, adapt to, and recover from adversity (ASPR, 2022; CDC, 2019).

Capability 1: Community Preparedness

Community preparedness is the ability of communities to prepare for, withstand, and recover from public health incidents in both the short and long term (CDC, 2019).

SCHD Community Resilience Strategy	Functions
Protect Summit County communities from COVID-19 pandemic through proactive, appropriate, and inclusive public health emergency response measures.	Plan and implement public health emergency response measures.

Determine risks of COVID-19 and implement plans to mitigate against viruses.	Determine risks to the health of the jurisdiction.
Keep community informed, educated, and involved.	Coordinate with partners and share information through local organizations and networks.
Strengthen community relationships through partnerships, communication, and inclusion.	Strengthen community partnerships to support and integrate public health preparedness, training, and cooperation in the community.

Table 2: Summit County COVID-19 Resilience Strategy

Public Health Emergency Preparedness

The SCHD Public Health Emergency Preparedness (PHEP) program is charged with public health emergency preparedness planning, response, and recovery from public health emergencies. Though many updates and adaptations were necessary, public health emergency response plans developed prior to the pandemic provided the foundation for COVID-19 Pandemic Response in 2020. See *Appendix 6: PHEP Guidance and Programs* for a complete list of plans and funding.

Clinical Staff Emergency Response

SCHD Clinical Staff delivered COVID-19 medical services, testing, and vaccinations within the guidance provided by the state and federal agencies. Survey responses regarding medical professionalism, standards of care, and organization were highly complementary of both SCHD clinical staff and MVC volunteers alike. A lack of formal emergency response plans, specific to and integrated with PHEP guidance, exposed a planning gap, but did not interrupt standards of care or clinical service delivery.

Medical Reserve Corps

The Medical Reserve Corps (MRC) is a network of volunteers (both medical and non-medical) that are managed and deployed in support of public health emergency response. During COVID-19, the SCHD MRC, in partnership with People's Health Clinic, deployed more than 500 MRC volunteers, contributing 15,000 labor hours, at an estimated value of $450,000 (Independent Sector, 2022). Volunteers participated in testing, call-centers, vaccine registration, mass vaccination clinics, and other community outreach programs. As with many COVID-19 response efforts, MRC and volunteer management plans required on-scene adaptations to realize response procedures.

Capability 2: Community Recovery

Community recovery is the ability of communities to identify critical assets, facilities, and other services within public health, emergency management, health care, human services, mental/behavioral health, and environmental health sectors that can guide and prioritize recovery operations (CDC, 2019).

SCHD Community Recovery Strategy	Functions
Develop COVID-19 response, mitigation, and recovery strategies.	Develop and communicate response strategies, objectives, and actions.
Leverage community assets to support COVID-19 response.	Identify and monitor community recovery needs and resources.

Inform residents of community programs, assets, and support available through Community Partners.	Communicate recovery operations, resources and availability, and related systems to stakeholders and Community Partners.

Table 3: Summit County COVID-19 Recovery Strategy (SCHD, 2020)

Community Partners and Stakeholders Relationships

Familiarity, trust, and cooperative bonds between the SCHD and community partners exceeded expectations and formed the foundation of the COVID-19 response in Summit County. Community partners engaged in several emergency response activities well outside their traditional role. As an example, many organizations mobilized early on, and throughout the pandemic, to support community needs (Summit County, 2020), providing services such as:

- Health clinic, COVID-19 testing, contact tracing, outreach, mass vaccination support
- Community funding and donations
- Meals, food deliveries, and nutrition assistance
- Rent, utility, and living assistance
- Counseling and mental health services
- Mothers' assistance and formula
- Senior support and meal delivery
- Business loans, Small Business Association Economic Injury Disaster Loans
- Supply distribution and community outreach and recognition
- Coordination of mass vaccine clinic supplies and donations

Community Recovery Funding

The COVID-19 pandemic response provided over $4M in grant funding opportunities to plan, implement, and deliver community health programs and initiatives. Most subsidies supported SCHD pandemic response activities, however, grants such as the CARES Act, allowed direct economic support for community services, business payroll support, and personal assistance programs. Many of these programs will have lasting positive effects on community health and emergency preparedness.

Leveraging Community Assets

Outreach and support from local governments, community groups, non-profit organizations, and key community advocates helped address social and economic challenges, crafting messaging and programs to meet the needs of residents. SCHD sought participation, feedback, and cooperation with community and business connections when formulating response efforts for:

- Essential Services
- Community Outreach and Support
- Personal Protective Equipment (PPE) Distribution Programs
- Developing Health Orders and Restrictions (including enforcement and appeals)
- Business Reopening Health and Safety Strategies
- Vaccine Distribution
- Recovery Protocols and Plans

School Districts

During the 2019/2020 school year, Summit County school districts and charter schools completed the year using a hybrid or remote learning model with hopes of slowing community transmission. At the start of the 2020/2021 school year, schools were asked to comply with state guidance provided in the K-12 COVID-19 Recommendations published by the Governor's Office, the Utah State Board of Education, and the Utah Department of Health. For the 2021/2022 school year, the guidance provided to schools on a state level placed responsibility with the Utah State Board of Education and the local education association (School Board).

During the same 2021/2022 school year, utilizing Public Health authorities granted to local health departments, and working closely with local School Districts, the SCHD implemented an extended threshold-based model to determine when face coverings would be required in the school setting. The face-covering mandate expired on April 1, 2022.

Differing opinions and belief systems created an imbalance among perceived solutions to social distancing, masks, and ultimately vaccination requirements in schools. During the early phases, the virus was thought to affect only vulnerable populations in the highest risk categories. Eventually, school districts were obligated to develop their own COVID policies. This unfortunately created an inconsistent approach to health order compliance which could have been more readily achieved had state or federal organizations otherwise mandated.

Environmental Health

The SCHD Environmental Health Division was charged with the development, implementation, inspection, and enforcement of newly developed COVID-19 business safety requirements. Critical to business operations, Environmental Health was required to expand the department and processes to manage and permit businesses across Summit County. At peak levels, SCHD Environmental Health fielded more than 400 calls and emails per day. Anti-COVID sentiment complicated the task and occasionally required uniformed police for enforcement.

Health Equity and Vulnerable Populations

Communication with vulnerable populations was a primary objective for the COVID-19 response. Groups and communities at high risk due to social, economic, political, technological, and environmental barriers were immediately challenged by issues of healthcare, sustenance, isolation, fear, and trust. Employment, community services, and family support were severely hampered by the deadly nature of the virus, stay-at-home orders, and the disruption of services in the community. Programs to support these populations were quickly organized across the county with many community partners, working closely with the county, expanding their organizations and services to meet the increased demand.

Equity Solutions

Summit County engaged a variety of resources including hiring bi-lingual staff, creating a culturally inclusive call-center, and working closely with organizations and individuals representing vulnerable populations. Services were redirected, such as testing and vaccinations, to accessible locations where at-risk populations lived and worked. SCHD Clinical Staff provided direct care, vaccinations, and testing to senior care, group homes, home-bound, and correctional facilities. In addition, technological

barriers faced when attempting to register for vaccine appointments were addressed by the call center. Those experiencing difficulties with the web-based system were contacted directly and registered over the phone, alleviating the challenges they were facing with the online registration system.

Domain 2: Incident Management

An incident command structure is critical to organize the response within a healthcare facility, agency, or across disciplines to assure common structures, terminology, communications, development of objectives, and management of information and resources (ASPR, 2022; CDC, 2019).

Capability 3: Emergency Operations Coordination

Emergency operations coordination is the ability to coordinate and support an incident by implementing a standardized, scalable system of oversight, organization, and supervision (CDC, 2019).

Summit County COVID-19 Response Strategy

Summit County committed to an aggressive, consistent, and practical COVID-19 response strategy. The National Incident Management System/Incident Command System (NIMS/ICS), is a standardized approach to the command, control, and coordination to assist with communication, organizational structure, decision making, resource management, and reporting (FEMA, 2017).

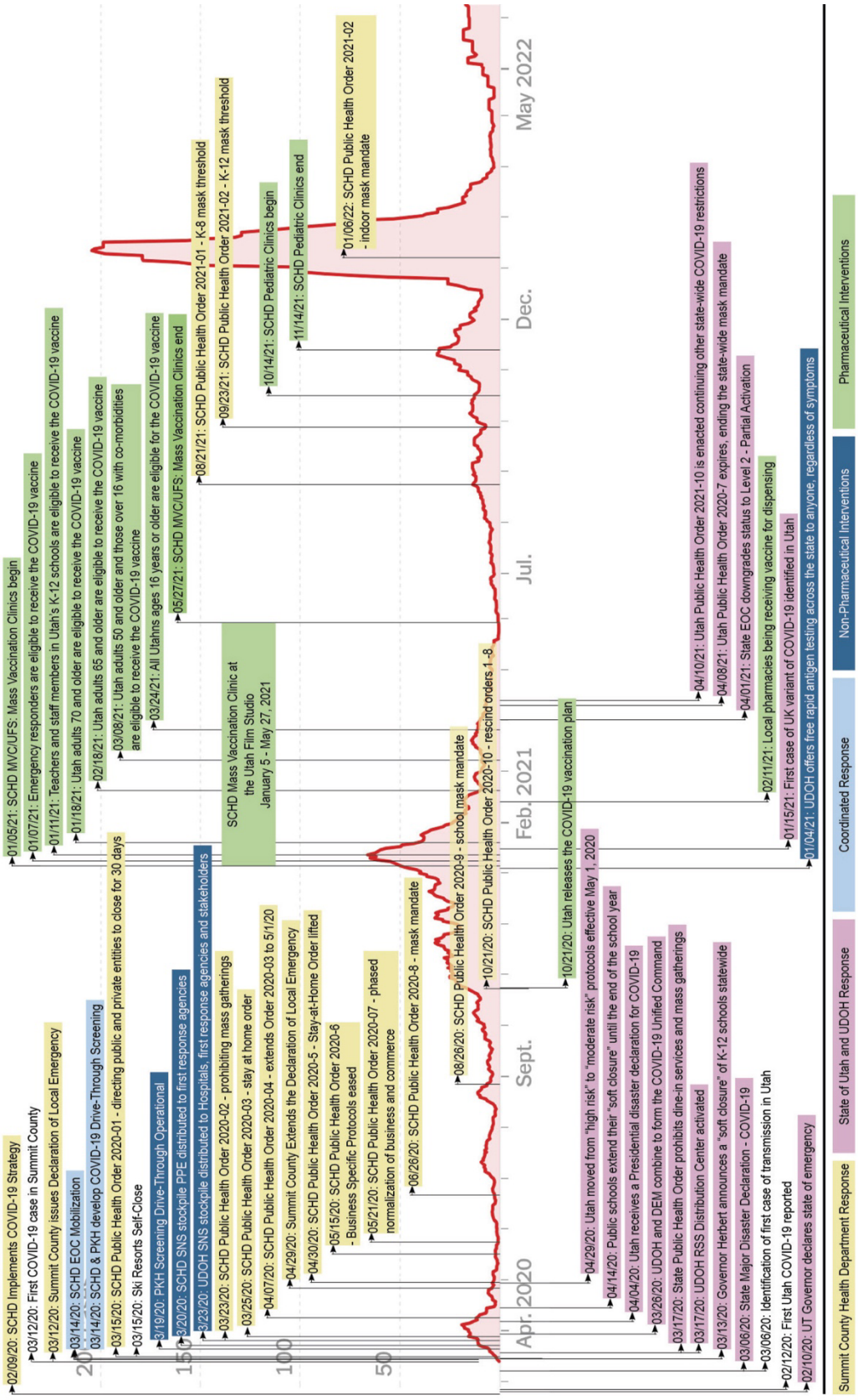
Summit County Response Strategy	Initiation	Action
Protect Summit County residents	Assess and acknowledge threat to public health.	Activate SCHD public health emergency response; NIM/ICS, Health Director as Incident Commander.
Reduce community infection and spread	Quickly implement appropriate public health protective measures.	Communication, education, Emergency Declarations, Health Orders, testing, and mass vaccination programs.
Immediate, transparent, and comprehensive communication	Open communication paths, networks, and public dialogue.	Activate Emergency Public Information Crisis Communication plans; community outreach.
Leverage community assets and partnerships	Engage community partners to support services, financial assistance, volunteers, and advocate.	Encourage public involvement in response, policies, and implementation.
Decisions and agility	Make the best decisions with the best available information.	Fair, measured, practical, and science-based decisions; pivot to meet evolving information, situations, and response demands.

Table 4: Summit County COVID-19 Response Strategy

Response Timeline

This Response Timeline reflects the major response milestones of SCHD and other agencies in relation to case counts in Summit County.

COVID-19 Response Timeline and Summit County Case Counts



Incident Commander

In support of the COVID-19 response strategy, Summit County initiated NIMS/ICS and appointed the Health Director as the Incident Commander (IC). With full support of the County Manager and County Council, the IC was given the authority, resources, and support to respond to the pandemic. See *Appendix 5: Public Health Legal Authorities* for full list of Public Health Authorities. This immediate and decisive action was instrumental in building an organized and public health-centric approach to response and decision making from the onset.

COVID-19 Emergency Response Activations

Summit County has long adopted the use of NIMS/ICS as the primary method of managing and responding to emergencies, including planned incidents such as the COVID-19 MVC. ICS training and Mass Vaccination training was provided to all participating SCHD staff.

Emergency Operations Center (EOC): The SCHD IC along with county leadership made the determination to activate the EOC (March 14, 2020) with the lead of the Summit County Sheriff and assistance from the Summit County Public Health Emergency Manager. EOC operations were well organized and efficient. Upon transition to the on-scene response at the MVC, occasional boundary over-step and exclusionary internal communication practices at the EOC caused confusion and operational delays.

Policy Group: In addition to the IC, a Policy Group consisting of Summit County and Health Department leadership, legal counsel, Public Information, and subject matter experts was established to address COVID-19-related leadership, response strategy, Health Orders and restrictions, legal, financial, and county-wide decision making.

Staffing

Training: SCHD requires employees to complete basic NIMS/ICS training (IS100). Management personnel are encouraged to participate in additional NIMS/ICS training (IS200, IS700, IS800). Staff and volunteers at the MVC received Job-Action-Sheets and position-specific training, as well as daily shift information, MVC updates, and safety briefings.

Limitations: Unable to staff a full incident roster, SCHD consolidated roles and utilized available personnel to cover multiple responsibilities; this is not uncommon and reflective of the flexibility and responsiveness of the NIMS/ICS methodology.

Internal and External Support: Summit County employees were reassigned to COVID-19 response and support positions as necessary. Additionally, many government partners, community partners, response agencies, and other organizations assisted with the pandemic response effort.

Temporary Staff: Hiring temporary staff became a necessary strategy for managing the COVID-19 response. SCHD hired a total of 41 temporary staff to fulfill COVID-19 roles for Clinical Services, Contact Tracing and Case Investigations, Environmental Health, Public Health Emergency Preparedness, Health Promotion, and Public Information.

Volunteers: More than 500 volunteers – 15,000 labor hours, estimated value of $450,000 (Independent Sector, 2022) – participated in nearly all phases of the COVID-19 response. The absence of a volunteer management system significantly impacted early operations at the MVC.

Capability 4: Emergency Public Information and Warning

Emergency public information and warning is the ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management personnel (CDC, 2019).

Public Communication: Under direction of the newly formed Summit County Communication and Public Engagement Department, public information campaigns were immediately launched with the intent of informing the community about the pandemic situation, current infection rates, and vital community resources.

Communication and transparency were crucial to all decisions, ensuring rationale, methods, and actions were made in an effective and efficient manner. After-action surveys show trust in county decisions and COVID-19 response actions was high with 76% responding that Summit County scored a 5 out of 7 or higher on pandemic response.

Summit County Communication Strategy	Methods
Emergency Public Information and Warning Systems	Nixle alerts, Everbridge, social media, text, email, websites, and other public messaging platforms.
Declarations and Restriction Notifications	Information regarding the Summit County Declaration of Emergency, Health Orders, and restrictions.
Public Outreach and Information Campaigns	Branded signage, collateral, videos, masks, and yard signs.
Public Information Exchanges	Community call-center providing local and COVID-19 information, personal resource assistance, feedback opportunities, and rumor control.
Joint Information Center (JIC) Operations	JIC operations were quickly assembled and streamlined to facilitate information sharing and support with other jurisdictions and media outlets.
Community Resource Information	Community support resources, safety, PPE, community assistance information, testing, and vaccination.
Community Call to Action	MRC Volunteer recruitment campaigns.
Vaccine Registration - VAMS	Support for vaccine pre-registration and VAMS registration; VAMS registration coordinator.
Language and Accessibility Support	Translation and interpretation support, and facilitated access to information.
Government Partners Coordination	National Public Health Information Coalition, Utah Department of Health, State JIC, local communication professionals, and community partners.

Table 5: Summit County COVID-19 Communication Strategy

Domain 3: Information Management

Information management involves the gathering and dissemination of timely information and data that is pertinent to the unfolding and ongoing emergency (CDC, 2019). The sharing of health-related information across jurisdictions and organizations enables situational awareness and other pertinent data. This information is then disseminated through emergency public information and warning systems.

Capability 6: Information Sharing

Information sharing is the ability to conduct multijurisdictional and multidisciplinary exchange of health-related information and situational awareness data among federal, state, local, tribal, and territorial levels of government and the private sector.

SCHD Community Information Sharing Strategy	Functions
Develop a common operating picture specific to COVID-19.	Gather and exchange information related to the common operating picture.
Keep partners and community informed, educated, and involved.	Identify and develop guidance, standards, and systems for information exchange.
Strengthen community relationships through partnerships, communication, and inclusion.	Utilize stakeholders and community advocates to identify information flow and facilitate information sharing.

Table 6: Summit County COVID-19 Community Information Sharing Strategy (SCHD, 2020)

Identify Stakeholders and Information Channels: Stakeholders, priority groups, and service eligibility provided at the state level.

Guidance, Standards, and Systems for Information Exchange: Provided at the state and federal level in accordance with COVID-19 response protocol.

Domain 4: Countermeasures and Mitigation

Countermeasures and mitigation involves the dispensing and administration of pharmaceutical and non-pharmaceutical countermeasures to prevent, mitigate, or treat the adverse health effects of a public health incident. This capability focuses on dispensing and administering medical countermeasures, such as vaccines, devices, antiviral drugs, antibiotics, and antitoxins, as well as non-pharmaceutical programs, such as public information, community outreach, and personal protective equipment (PPE) distribution (TN Dept of Health; CDC, 2019).

Capability 8: Countermeasure Dispensing and Administration

Medical countermeasure dispensing and administration is the ability to provide medical countermeasures to targeted populations to prevent, mitigate, or treat the adverse health effects of a public health incident.

Testing and Contact Tracing: Supported by community partners, Park City Hospital (PKH), People's Health Clinic, and local governments, Summit County offered free COVID-19 testing throughout the pandemic including targeted mobile-testing.

Mass Vaccination Clinic

Mass Vaccination Clinic Planning: The SCHD Public Health Emergency Manager led planning and operations of the MVC vaccination site. Using the SCHD Cities Readiness Initiative Points of Dispensing Sites (PODS) plans (updated 2018) and Olympic Games event-planning methods, site plans, operational schedules, staffing, and resource plans were developed. Vaccination facilities included Closed PODS, Regional MVC, Specialty Clinics, Child and Pediatric Clinics, and target-population mobile programs. Vaccination clinics featured numerous access options including drive-through, walk-in, and mobile support services.

Initial plans projected a distribution of 2,000 doses per day over a period of 30 days or less. Severe limitations on vaccine availability and delivery outlets, along with school session schedules, required plans for large-scale, high-throughput sites to be scrapped. Considering lower vaccine supply rates and a longer distribution campaign, the Utah Film Studio (UFS) was secured as the regional Mass Vaccination Point of Distribution Site.

Vaccination Registration and Distribution: It was determined that the CDC, cloud-based, Vaccine Administration Management System (VAMS) be used for all COVID-19 vaccination registration needs.

Priority groups were established by the Utah Governor's Office, which was challenging due to eligibility, schedule alignment, and vaccine availability. In addition, Summit County experienced increased demands from the seasonal workforce and out-of-county vaccine recipients that weren't accounted for in state vaccine allotments.

The Summit County Communication Department and the call center conducted pre-registration campaigns to contact and account for eligible populations. Once registration was officially open, call center volunteers worked directly with targeted populations to provide registration support over the phone. As vaccine registration was open to the public, the call volume necessitated the use of a commercial call center service.

COVID-19 Infection Data, Summit County	Data	COVID-19 Vaccination Rates, Summit County	Data
Total Population	42,647	**Total Summit County Vaccination Rate (5yrs +)**	90%
COVID-19 Cases	14,158	**Senior 65+ (*demand exceeds estimated population*)**	107%
COVID-19 Hospitalizations	332	**Adults 18-64**	94%
COVID-19 Hospitalization, ICU	50	**Adolescents 12-17**	81%
COVID-19 Deaths	26	**Children 5-11**	47%

- Pediatric <5 data incomplete for this time period.

Table 7: Summit County COVID-19 Vaccination Rates

Vaccination Campaigns: SCHD operated a total of seven unique vaccination campaigns: Closed PODS, Regional Mass Vaccination Clinic at UFS, Business Targeted Specialty Clinic at Treasure Mountain Inn, Children's Vaccination Clinic at Park City Hospital, Pediatric Specialty Clinic, and the Mobile Targeted Vaccination Clinics (home-bound).

Vaccination Success: During the COVID-19 Mass Vaccination Response period, January 2020 through May 2022, SCHD led the state for vaccination rates and clinic efficiency. True to program objectives, Summit County worked hard to limit the spread of the virus and protect the community.

Capability 9: Medical Materiel Management and Distribution

Medical materiel management and distribution is the ability to acquire, manage, transport, and track medical materiel during a public health incident or event and the ability to recover and account for unused medical materiel, such as pharmaceuticals, vaccines, gloves, masks, ventilators, or medical equipment after an incident (CDC, CRI).

Materiel Management and Distribution: Having completed the CDC Cities Readiness Initiative (CRI) and the Strategic National Stockpile (SNS) planning certification, SCHD was prepared to implement both medical and non-medical distribution programs to the community. SCHD personnel were trained to support distribution using stockpiled inventory. Larger quantities of PPE were ordered weekly through the UDOH Regional Distribution Site. Over the course of the pandemic, SCHD received over 1.3 million units of PPE and distributed over 60% of the stockpile to the community free of charge.

Capability 11: Non-Pharmaceutical Interventions

Nonpharmaceutical interventions are actions that people and communities can take to help slow the spread of illness or reduce the adverse impact of public health emergencies.

Community Call Center: Under direction by the Deputy County Manager with assistance of library personnel, the call center provided valuable information and feedback to the response effort. The call center provided information about COVID-19, testing, quarantine and isolation, health orders and restrictions, vaccines, and other related information. Once vaccinations were available, the call center assisted with registrations in the VAMS portal. As calls increased, a call center agency was contracted to support call volumes.

Quarantine and Isolation Facilities: Quarantine and Isolation (Q&I) facilities were necessary to accommodate COVID-19-positive individuals, stranded visitors, and J-1 Exchange Visitor Program workers restricted from exiting the country. SCHD, with assistance from the Park City Chamber of Commerce, secured temporary housing in a 24-room hotel. All Q&I needs were met free of charge to the individuals. Q&I residents were required to remain in quarantine per CDC guidance. The Summit County Attorney's Office, Sheriff's Office, and the Park City Police Department were instrumental in enforcing compliance issues.

Health Orders: Health Orders were issued in order to protect the residents and visitors of Summit County from the unfolding, and ongoing pandemic. Effective and appropriate Health Orders and restrictions would not have been possible without the input of the communities and businesses most directly impacted. Community stakeholders' and organizations' needs were considered in the

development and implementation of Health Orders, health restrictions, enforcement, restriction appeals, and reopening protocols. See *Appendix 3: Public Health Orders* for all Health Orders and summaries.

Order #	Declaration and Health Order Title	Date
Declaration	Declaration of Local Public Health Emergency	3/12/20
Declaration	Declaration of Local Emergency, Summit County	3/12/20
2020-01	Public Health Order #2020-01 - dine-in closure, mass gathering <100	3/15/20
2020-02	Public Health Order #2020-02 - mass gathering <10, COVID-19 prevention measures	3/23/20
2020-03	Joint Public Health Order #2020-03 - stay at home order	3/25/20
2020-04	Amended Public Health Order #2020-04 - extend #2020-01 and #2020-02	3/31/20
Declaration	Extension of Local Public Health Emergency – extension	4/7/20
2020-07	Joint Public Health Order #2020-07 – extend Declaration	4/29/20
2020-05	Joint Public Health Order #2020-05 – rescind stay at home order	4/30/20
2020-06	Joint Public Health Order #2020-06 – Stabilization phase	5/14/20
2020-11	Joint Public Health Order #2020-11 – suspend special events permits	6/3/20
2020-08	Joint Public Health Order #2020-08 – face coverings required	6/26/20
2020-08a	Joint Public Health Order #2020-08a– clarify face coverings	7/1/20
2020-09	Joint Public Health Order #2020-09 – face coverings, all persons	8/26/20
2020-09a	Joint Public Health Order #2020-09a – face coverings, include schools	8/26/20
2020-10	Joint Public Health Order #2020-10 - Rescind #01-08, #09a remains in effect	10/21/20
Declaration	Declaration of Local Public Health Emergency - COVID-19, Delta Variant	8/21/21
2021-01	Joint Public Health Order #2021-01 (*Order of Constraint*) – Threshold, elementary	8/21/21
2021-02	Joint Public Health Order #2021-02 (*Order of Constraint*) – Threshold, K-12	9/23/21
Declaration	Extend Declaration of Local Public Health Emergency - COVID-19	12/31/21
2022-01	Public Health Order #2022-01 – indoor mask requirement	1/6/22
Declaration	Terminate Declaration of Local Public Health Emergency - COVID-19	4/1/22

Table 8: Summit County Health Orders and Declarations

Capability 14: Responder Health and Safety

Responder health and safety is the ability to protect public health and other emergency responders during pre-deployment, deployment, and post-deployment.

Closed PODS: On December 24, 2020, the first vaccines were delivered to the SCHD and a small, Closed PODS operation was initiated to vaccinate First Responders. This program also facilitated clinical staff training, VAMS system testing, and a time-in-motion study to validate through-put calculations and methods at the MVC.

Domain 5: Surge Management

Medical surge is the ability to expand care capabilities and to provide medical evaluation and care to the injured or ill during events, natural or man-made, that cause health care facilitates to exceed the limits of their normal medical capacity capabilities in response to a great increase in demand (TN Dept of Health; CDC, 2019).

Capability 5: Fatality Management

Fatality management is the ability to coordinate with partner organizations and agencies to provide fatality management services.

Fatality Management

Fatality management, led by the Summit County Sheriff's Office under Emergency Support Function #8 (ESF8): the Health and Medical Services Annex of the National Response Plan, was not needed, however, plans regarding mass fatality cold storage, morgues, funeral homes, refrigerated trucks, ice rinks (*rejected*), resources, and security (secure and shielded from public view) were discussed.

Capability 7: Mass Care

Mass care is the ability of public health agencies to coordinate with and support partner agencies to address, within a congregate location (excluding shelter-in-place locations), the public health, health care, mental/behavioral health, and human services needs of those impacted by an incident.

Public Health Role

As directed by federal, state, and local statutes (*Appendix 5: Public Health Legal Authorities*) and under guidance by the CDC Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health and Emergency Support Function (ESF) #8: Public Health and Medical Services, the SCHD is responsible for preparedness, response, and recovery during public health emergencies. Under these planning frameworks, SCHD acted as lead agency for COVID-19 response efforts in Summit County.

Mental/Behavioral Health: Mental and behavioral health services remained active during the pandemic as programs and partnerships were leveraged to meet significantly increasing demand.

Capability 10: Medical Surge

Medical surge is the ability to provide adequate medical evaluation and care during events that exceed the limits of the normal medical infrastructure of an affected community.

Medical Surge Planning

SCHD and PKH worked closely to monitor surge indicators such as case counts, infection rates and ED/ICU capacities. SCHD and PKH did not have a formal agreement in place for surge response. The Regional Emergency Response Coalition surge management plan had been drafted, but was now officially adopted as part of the SCHD Public Health Emergency Response Plan.

Capability 15: Volunteer Management

Volunteer management is the ability to coordinate with emergency management and partner agencies to identify, recruit, register, verify, train, and engage volunteers. These volunteers support the jurisdictional public health agency's preparedness, response, and recovery activities during pre-deployment, deployment, and post-deployment. See Domain 1, Capability 3 for staffing information and response.

Domain 6: Biosurveillance

Biosurveillance primarily focuses on developing effective surveillance, prevention and operational capabilities for detecting and countering biological threats (DHS, 2022).

Capability 12: Public Health Laboratory Testing

Public health laboratory testing is the ability to implement and perform methods to detect, characterize, and confirm public health threats.

SCHD Testing: SCHD Clinical Staff conducted COVID-19 antigen sample collecting and rapid test results only. Results were typically provided within 24 hours.

Response Partner Testing: Polymerase Chain Reaction (PCR) testing was provided locally at PKH and through third-party organizations such as NOMI Health and Curative. Samples were provided to contracted laboratories for testing and results reporting within one to three days.

Capability 13: Public Health Surveillance and Epidemiological Investigation

Public health surveillance and epidemiological investigation is the ability to create, maintain, support, and strengthen routine surveillance and detection systems and epidemiological investigation processes.

Contact Tracing and Case Investigation: SCHD Clinical Staff completed case investigations and provided contact tracing during the pandemic. Contract tracing was one of the most significant response efforts, especially during the early phases of COVID-19 response. As Contact Tracing volumes grew, staff reassignments and temporary staff were required to assist with tracing and results activities.

Epidemiological Investigation: Summit County hired an epidemiologist to assist with investigations once COVID-19 funding was available. The epidemiologist provided data tracking and forecasting to support clinical staff, public communications, and to inform planning and policy decisions.

04: COVID-19 Improvement Plan

Introduction

The following improvements and actionable items are based on an evaluation of SCHD's response to the COVID-19 pandemic. These recommendations were formulated using the following sources and metrics:

- Stakeholder and partner COVID-19 response surveys. See *Appendix 4: Stakeholder and Community Surveys* for questions, responses, and participants.
- Public Health Emergency Preparedness Guidance. See *Appendix 6: PHEP Guidance and Programs.*
- One-on-one interviews with high-level participants.

Domains and Tiers

The capability standards are organized into six domains and capability standards that form the foundation for public health emergency preparedness and response (CDC, 2019).

Domain 1: COVID-19 Community Resilience Recommendations

Capability 1: Community Preparedness

- Protect the Summit County community from public health threats through proactive, appropriate, and inclusive public health emergency response measures.
- Conduct community risk and threat assessments to determine needs, demand, and resources.
- Develop a Medical Reserve Corps (MRC) Program and companion Volunteer Management Plan.

Capability 2: Community Recovery

- Strengthen community partnerships and emergency preparedness through integrated planning, guidance, and training as well as increased communication and information sharing.
- Identify and prioritize community needs and recovery programs.
- Develop public assistance programs and community organization resources.
- Encourage community partners and individuals to build effective and inclusive community-based emergency preparedness, response, and recovery programs.

Domain 2: COVID-19 Incident Management Recommendations

Capability 3: Emergency Operations Coordination

- Improve NIMS/ICS and EOC integrated communications and planning.
- Encourage integrated NIMS/ICS and EOC planning, training, and exercises.
- Include response partners, volunteers, community organizations, and stakeholders in planning and training exercises.
- Develop micro-training opportunities for small, constant, and contiguous learning.
- Develop multi-lingual and targeted population emergency preparedness programs.

Capability 4: Emergency Public Information and Warning

- Test public alert and warning systems at regular intervals with all stakeholder groups.

- Recognize and prioritize community, cultural, and language needs.
- Develop call center operations, communications networks, support, and online solutions plans.
- Encourage community partners to participate and support call center, public information distribution, and population contact methods.

Domain 3: COVID-19 Information Management Recommendations

Capability 6: Information Management

- Verify information, surveillance, and data to ensure all local populations are included.
- Ensure all personnel are qualified, trained, and proficient with standards and systems.
- Verify security and cyber-security measures for system and data security standards are met.

Domain 4: COVID-19 Countermeasures and Mitigation Recommendations

Capability 8: Medical Countermeasure Dispensing and Administration

- Update Public Health Emergency Response plans.
- Integrate MRC, response, and community partners in plans, training, and exercises.
- Conduct population assessment to determine distribution and population needs.
- Determine alternate testing and vaccination facilities, resource needs, and CRI requirements.
- Build medical response partner networks and communications channels.
- Assess use of VAMS and medical countermeasures technology solutions.

Capability 9: Medical Materiel Management and Distribution

- Update Public Health Emergency Response plans.
- Update PPE inventory system, including automated PPE request tool (online).
- Develop community partner PPE distribution plans and networks.

Capability 11: Nonpharmaceutical Interventions

- Update Public Health Emergency Response plans.
- Develop health order templates, legal authorities, communications, and implementation/enforcement plans, including activation/deactivation triggers, community and economic impact assessment tools, and community recovery programs.
- Build community partner relationships and emergency preparedness programs.
- Work with community partners and stakeholders to develop community assistance programs.
- Develop Q&I plans and establish pre-emergency relationships with commercial property owners.
- Develop Environmental Health processes, plans, and technology solutions in preparation for public health emergencies.

Capability 14: Responder Health and Safety

- Update Public Health Emergency Response plans.

Domain 5: COVID-19 Surge Management Recommendations

- Establish Mass Care capacity and standards of care.
- Build relationships and Mutual Aid Agreements with local and regional coalitions and response partners.
- Support and communicate with hospitals, regional coalitions, state and federal partners.
- Support Fatality Management planning with Summit County Sheriff's Office.

Domain 6: COVID-19 Biosurveillance Recommendations

Capability 12: Public Health Laboratory Testing

- Support decreased reporting timeframes.

Capability 13: Public Health Surveillance and Epidemiological Investigation

- Increase resources, training, and communication.
- Increase alignment to public health surveillance and data strategies.
- Emphasize syndromic surveillance and data collection to improve situational awareness and responsiveness to hazardous events and disease.

Improvement Plan

Moving forward, SCHD will incorporate these findings to develop emergency response and preparedness strategies, policies, plans, training, exercises, and community integration and participation opportunities. Improvement planning will take place over time, prioritized by need, threats, and community risk. Community needs, demographics, and awareness will help define the evolving, flexible process of community preparedness. Summit County has identified several critical actions necessary to meet CDC and local health capabilities requirements, as well as improved community resilience and collaboration.

SCHD COVID-19 AAR Improvement Plan Recommendations and Critical Actions	
Public Health Emergency Response (PHEP)	• CDC Public Health Preparedness and Response Capabilities • NACCHO Project Public Health Ready (PPHR) • Jurisdictional Risk Assessment
Medical Reserve Corps (MRC)	• ASPR Medical Reserve Corps Deployment Guide and MRC Connect • MRC Volunteer Management Plan and System
SCHD Clinical Staff	• Medical Surge planning and Memorandums of Understanding (MOU) • PHEP planning, training, and exercises • School District planning (school nurses) • Long-term care and home-bound program development

Summit County Health Department	• PHEP planning, training, and exercises • NIMS and ICS training and exercises • Cross-over and redundancy training • Update Memorandums of Understanding (MOU) • Communication and outreach
Summit County	• NIMS and ICS training and exercises • Cross-over and redundancy training • Update Memorandums of Understanding (MOU) • Call-Center planning and exercises
Response Partners	• Local governments, first response agencies, and medical providers integration, communication, and response planning • PHEP planning, training, and exercises
Community Preparedness	• School District integration, planning, and communication (Administration) • Community Public Health Emergency Preparedness • Business Community planning and integration • Community Support Programs development and planning

Utilizing the CDC Capabilities as the foundation, and incorporating other emergency preparedness tools and resources, programs such as plan development, training, and exercises can be developed to address gaps, improve organizational capabilities, and build stronger, more effective response programs. These same guides can be used to align and integrate external organizations such as response partners, the Medical Reserve Corps, community organizations, and individuals, offering a whole-community approach to public health preparedness, response, and recovery.

Improvement Plan Tools and Resources	Description
CDC Public Health Preparedness and Response Capabilities	Public health emergency response guidance. Compliance required as part of PHEP program.
NACCHO Project Public Health Ready (PPHR)	Criteria-based training and recognition program that assesses local health department capacity and capability to plan for, respond to, and recover from public health emergencies.
ASPR Medical Reserve Corps Deployment Guide & MRC Connect	MRC deployment planning and on-line MRC cooperation tool.
Utah Office of Emergency Medical Services and Preparedness	State department for public health emergency planning and PHEP Cooperative Agreement Grant.
ASPR Public Health Preparedness & Response	Administration for Strategic Preparedness and Response guidance and reference.
USHHS, FEMA, CDC, UHHS, NACCHO ASPR, APHA, APHN, IAEM	Organizations and associations related to emergency preparedness planning, guidance, training, and certifications.
FEMA Independent Study, Utrain, ICDP	Training resources related to emergency preparedness.

05: List of Acronyms

AAR	after action report
CDC	Centers for Disease Control and Prevention
CRI	Cities Readiness Initiative
EOC	emergency operations center
ESF8	Emergency Support Function #8
IC	incident commander
JIC	joint information center
MRC	Medical Reserve Corps
MVC	mass vaccination clinic
NIMS/ICS	National Incident Management System/Incident Command System
PCR	polymerase chain reaction
PHEP	Public Health Emergency Preparedness
PKH	Park City Hospital
PODS	points of dispensing sites
PPE	personal protective equipment
PPHR	Project Public Health Ready
Q&I	quarantine and isolation
SCHD	Summit County Health Department
SNS	Strategic National Stockpile
UDOH	Utah Department of Health, now Utah Department of Health & Human Services
UFS	Utah Film Studio
VAMS	Vaccine Administration Management System

06: AAR List of Appendices

Appendix 1: COVID-19 National, Utah, and Summit County Case Count Comparisons

Appendix 2: COVID-19 Summit County Response Timeline

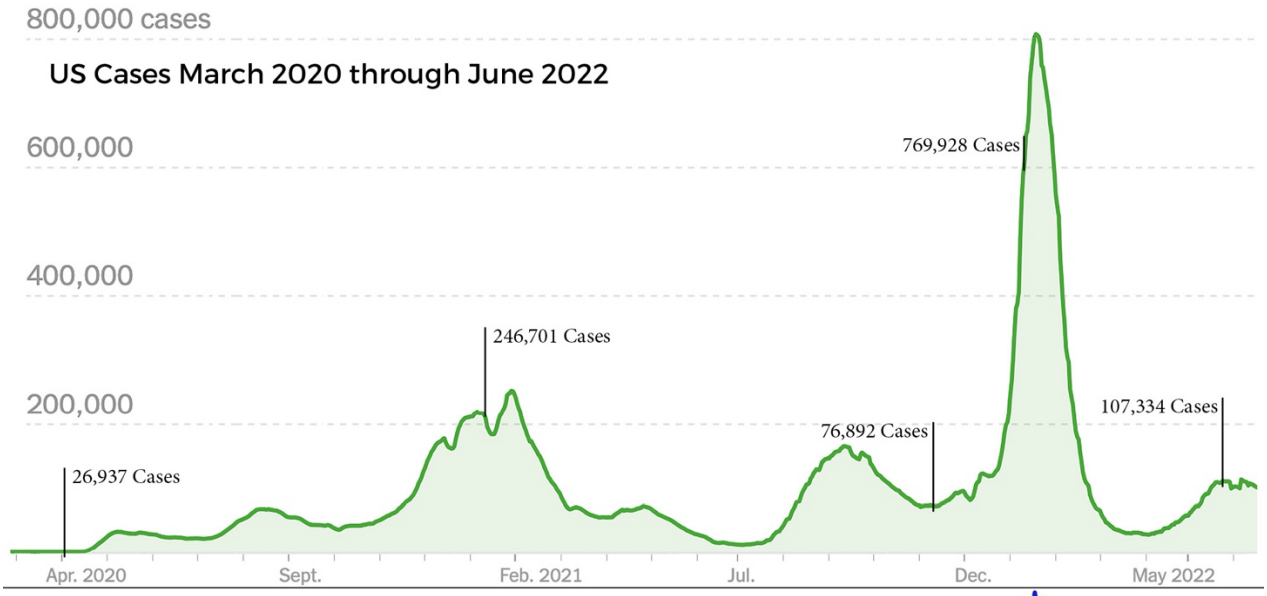
Appendix 3: Public Health Orders

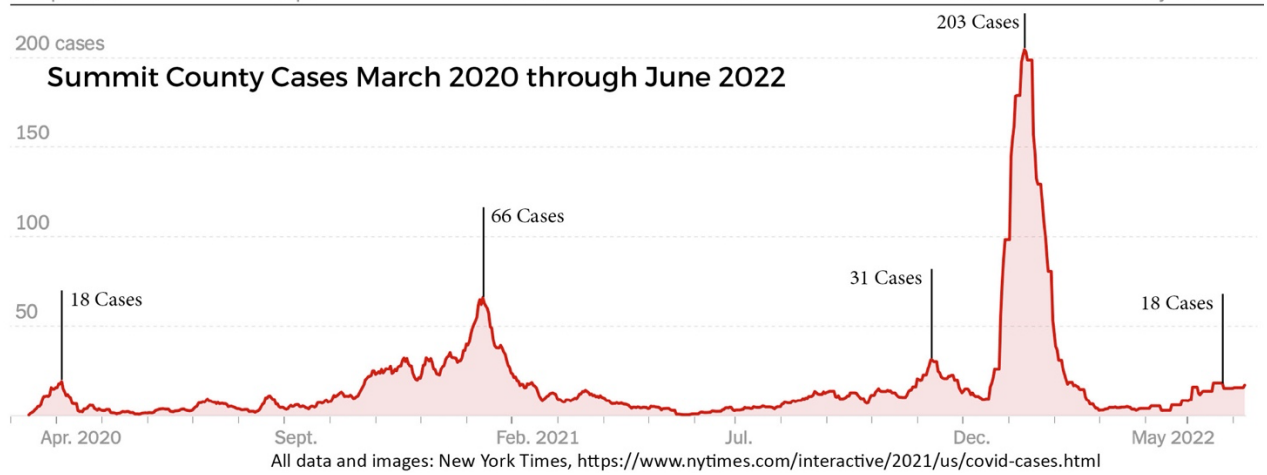
Appendix 4: Stakeholder and Community Surveys

Appendix 5: Public Health Legal Authorities

Appendix 6: PHEP Guidance and Programs

Appendix 1: COVID-19 National, Utah, and Summit County Case Count Comparisons





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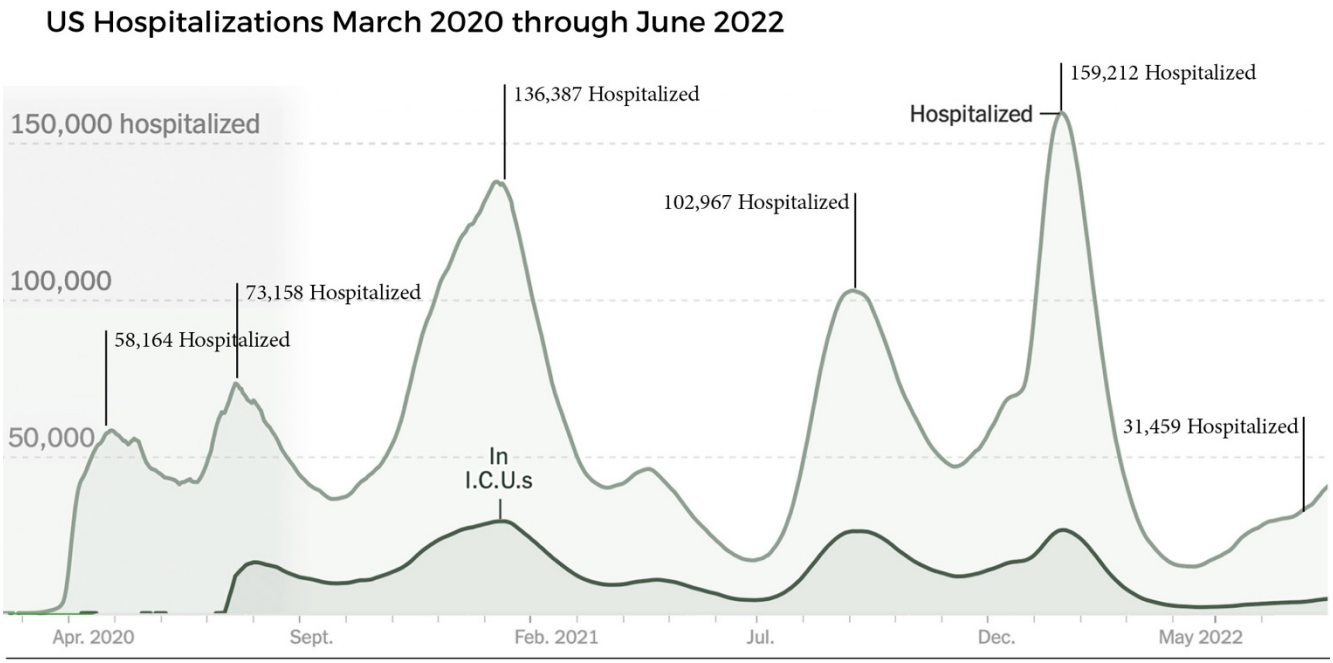

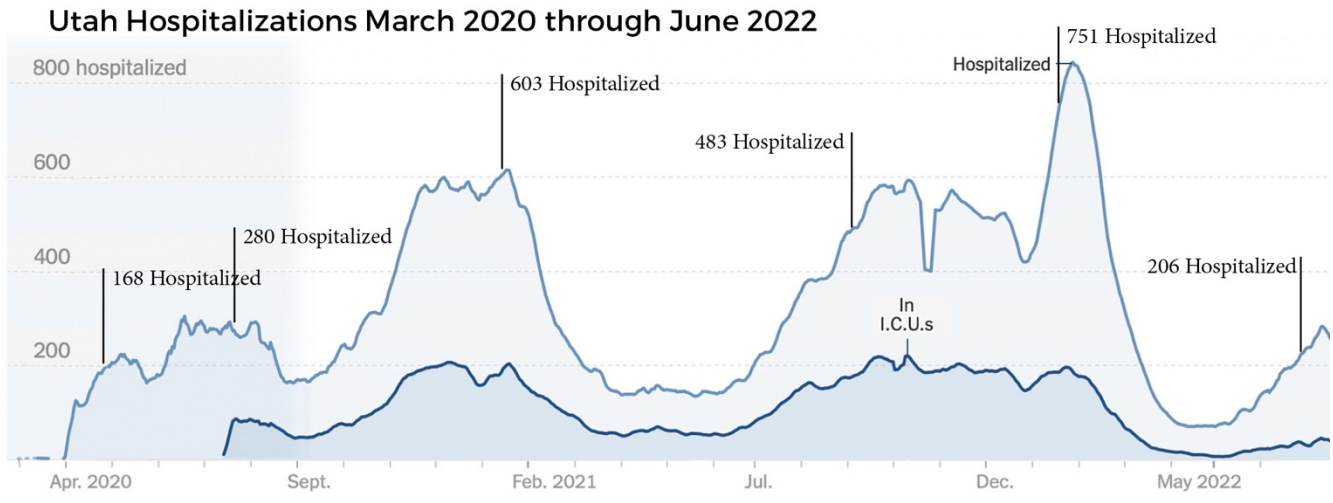

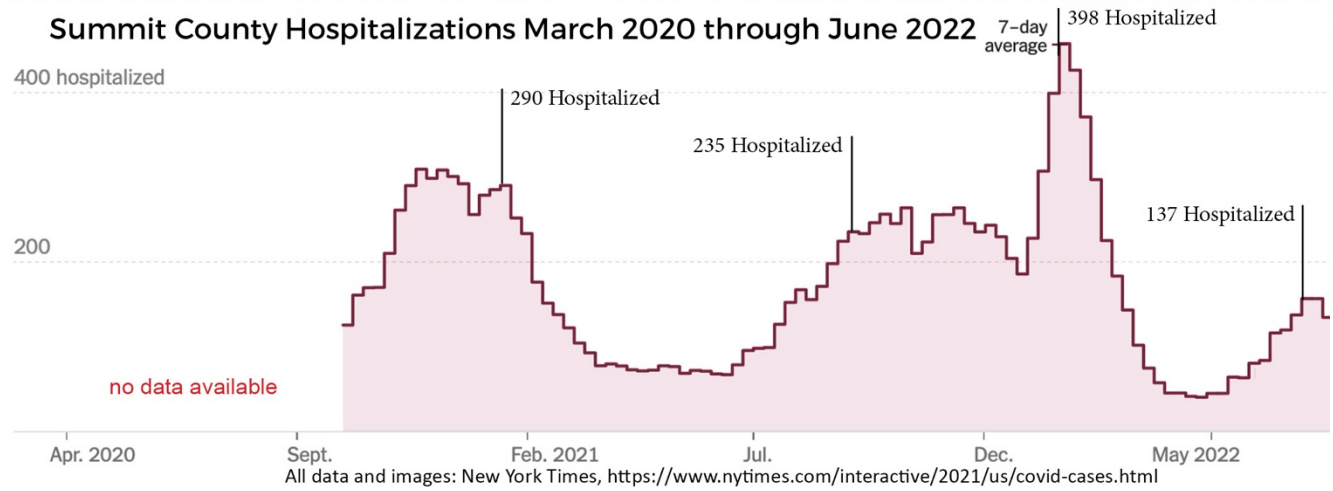

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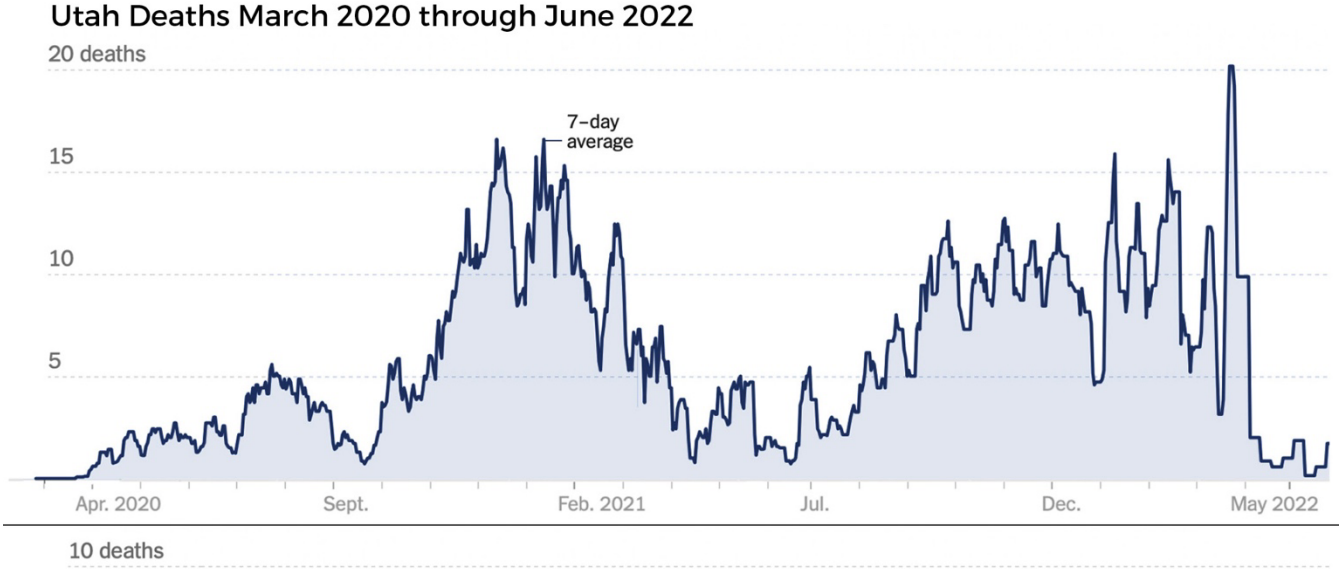
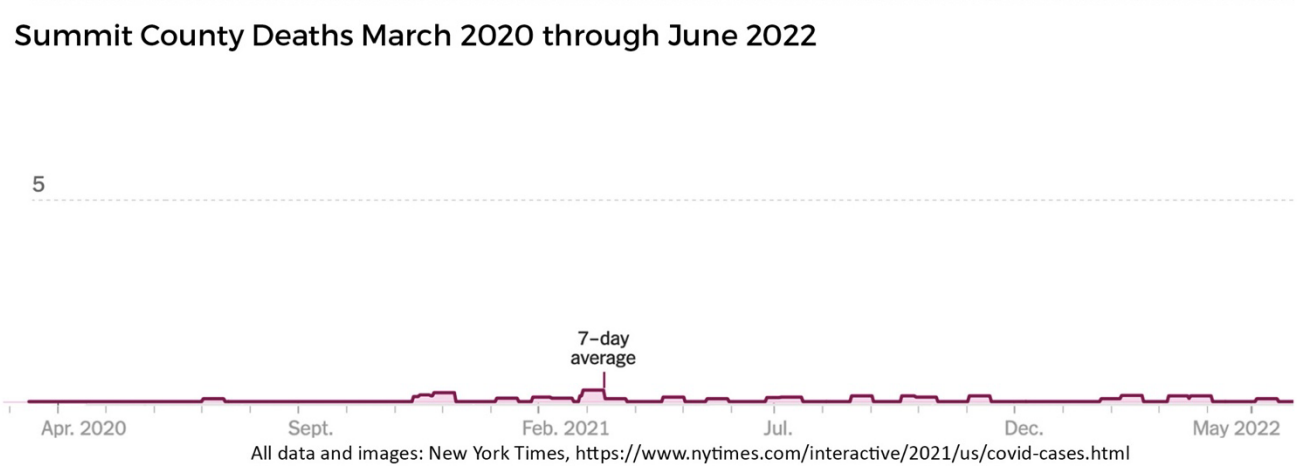
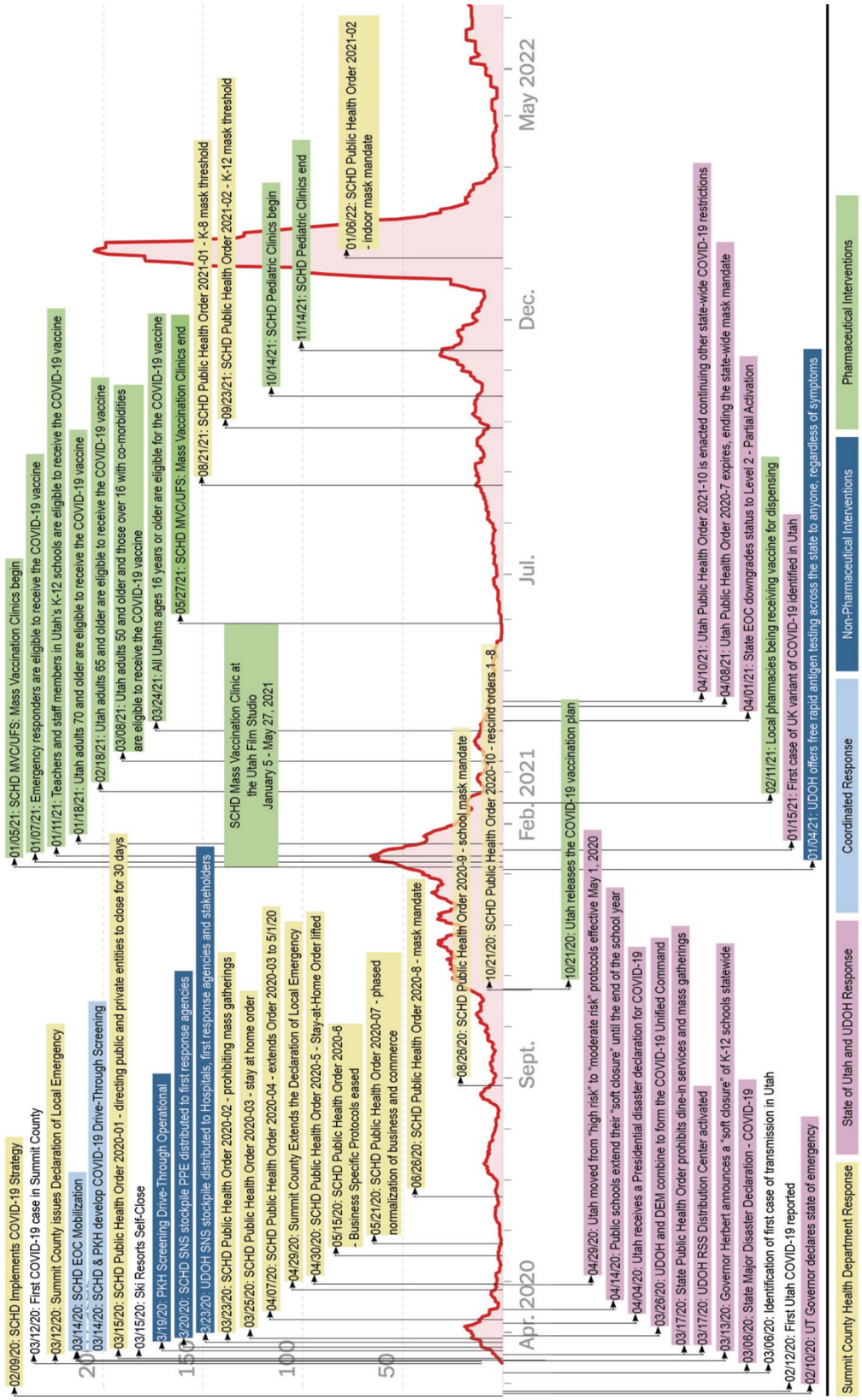




All data and images: New York Times, https://www.nytimes.com/interactive/2021/us/covid-cases.html

Appendix 2: COVID-19 Summit County Response Timeline



Appendix 3: Public Health Orders

Public Health Orders and Emergency Declarations Summary

The following Health Orders were issued during the COVID-19 pandemic. All Health Orders are included at the end of this appendix.

Declaration and Health Order Title	Date Issued
Declaration of Local Public Health Emergency The Summit County Health Officer determined that there was an imminent and proximate threat to public health from the introduction of COVID-19 into Summit County. This Declaration of Local Public Health Emergency allowed the Health Officer to issue public health advisories and request assistance from state and federal partners. *Ending date: April 11, 2020*	3/12/20
Declaration of Local Emergency The Summit County Health Officer determined that there was an imminent and proximate threat to public health from the introduction of COVID-19 into Summit County. This Declaration of Local Emergency issued by the Summit County Manager allowed for the utilization of emergency police power and resources, along with the ability to request assistance from state and federal partners. *Ending date: April 11, 2020*	3/12/20
Public Health Order #2020-01 Public Health Order #2020-01 required all restaurants, coffee/tea shops, food service establishments, and bars to close to the general public. Although dine-in food service was prohibited, curbside take-out or drive-through was permitted. In addition, other businesses were required to close: resorts, theaters, lodging, public gathering places. Mass gatherings of over 100 people were also prohibited. *Ending date: April 14, 2020*	3/15/20
Public Health Order #2020-02 Public Health Order #2020-02 prohibited gatherings of more than ten people. Grocery stores and gas stations were encouraged to stay open to provide necessary items. The following open businesses were required to adhere to specific COVID-related restrictions and prevention methods: building and construction, salons, physical therapy services, child day care operations, and dental offices. *Ending date: April 22, 2020*	3/23/20

Joint Public Health Order Stay-at-Home: Order #2020-03 Public Health Order #2020-03 ordered those living within Summit County to stay at their place of residence, except for essential activities, and maintain social distancing when outdoors. All businesses in Summit County were required to close with the exception of Essential Businesses. These included grocery stores, gas stations, banks, hardware stores, postal services, and restaurants providing curbside pick-up, and others. In addition, all visitors were directed to return home immediately. *Ending date: May 1, 2020*	3/25/20
Amended Public Health Order #2020-04 Public Health Order #2020-04 extended orders #2020-01 and #2020-02 to May 1, 2020. Order #2020-03 (stay-at-home order) was already in effect until May 1, 2020. *Ending date: May 1, 2020*	3/31/20
Extension of Local Public Health Emergency This declaration extended the original Declaration of Local Public Health Emergency, dated March 12, 2020, and extended it until May 1, 2020. *Ending date: May 1, 2020*	4/7/20
Resolution of the County Council Extending the Declaration of Local Emergency: Resolution #2020-07 This resolution extended the Declaration of Local Emergency to September 1, 2020. No special event permits were allowed to be issued by Summit County until September 1, 2020. *Ending date: May 1, 2020*	4/29/20
Joint Public Health Order Lifting Stay-at-Home Order: Order #2020-5 Public Health Order #2020-05 lifted the Stay-at-Home Order (#2020-04), and directed the public to engage in social distancing protocols. In addition, Mandatory Business Practices, along with Specific Business Restrictions were implemented that provided direction for COVID-19 prevention at the workplace, daycare operations, health care facilities, recreation facilities, religious organizations, lodging, grocery stores, retail operations, entertainment, transportation, and other businesses in Summit County. This Order also prohibited gatherings of more than twenty people. *Ending date: July 1, 2020*	4/30/20
Joint Public Health Order #2020-06 Public Health Order #2020-06 eased some of the Business Specific Protocols that allowed a phased normalization of business and commerce, while still continuing to require social distancing. *Ending date: May 22, 2020*	5/14/20
Joint Public Health Order #2020-07 Public Health Order #2020-07 allowed a phased normalization of business and commerce, while still requiring social distancing, moving the county into a Stabilization Phase, from Moderate Risk to Low Risk. *Ending date: September 1, 2020*	5/21/20

Joint Public Health Order #2020-08 Public Health Order #2020-08 required all individuals living within or visiting Summit County to wear a face covering while inside publicly-accessed indoor establishments, with certain exemptions. *Ending date: September 1, 2020*	6/26/20
Joint Public Health Order #2020-08 (Amended) Public Health Order #2020-08 (Amended) clarified "face coverings" as Face Coverings or Face Shields. *Ending date: September 1, 2020*	7/1/20
Joint Public Health Order #2020-09 Public Health Order #2020-09 amended the face coverings requirements to include schools. *Ending date: January 8, 2021*	8/26/20
Joint Public Health Order Rescind Health Order #2020-10 Public Health Order #2020-10 repealed and rescinded Joint Public Health Orders 01 – 08. Order #2020-09, that required face coverings, remained in effect. *Ending date: January 8, 2021*	10/21/20
Declaration of Local Public Health Emergency This declaration established a standing Threshold Trigger, which when met, required all those in the affected elementary school to wear face coverings. *Ending date: September 20, 2021*	8/21/21
Public Health Order #2021-01 (Order of Constraint) Public Health Order #2021-01 established a standing Threshold Trigger, which when met, required all those in the affected elementary school to wear face coverings. *Ending date: the termination of the Local Public Health Emergency*	8/21/21
Joint Public Health Order #2021-02 (Order of Constraint) Public Health Order #2021-01 established a standing Threshold Trigger, which when met, required all those in the affected K-12 school to wear face coverings. *Ending date: the termination of the Local Public Health Emergency*	9/23/21
Extension of Public Health Emergency 4	12/31/21
Public Health Order #2022-01 Public Health Order #2022-01 required individuals in Summit County to wear face covering while inside publicly-accessed indoor establishments. *Ending date: February 21, 2022*	1/6/22
Declaration to Terminate Local Public Health Emergency The Local Public Health Emergency in Summit County, Utah, was terminated by authority of the Summit County Health Officer.	4/1/22

Appendix 4: Stakeholder and Community Surveys

Survey responses have been grouped into the six CDC Domains, plus input regarding Health Orders and the public's response, and have been evaluated for useful insight and ways to improve the Health Department's plans and future responses. The following responses are listed within the Domain relative to the survey questions.

Surveys surrounding the Health Department's response were sent out to the various stakeholders involved with COVID-19 in Summit County. This included:

- Response partners – EMS, hospital, law enforcement, Park City Municipal
- Emergency operations staff
- Call center and communications staff and volunteers
- Summit County management and administration
- Local medical providers – pharmacies, medical clinics, etc.
- Local businesses
- Schools and daycare operations
- Local religious organizations
- Mass vaccination clinic volunteers

This Appendix includes the complete surveys and responses from all participants. The SCHD has included every response submitted. The responses below include direct quotes, however, identifying information has been removed to protect the anonymity of the participant.

Call Center/Communications Staff Survey Questions and Results – Send July 2021

The Summit County COVID-19 Response objectives were met.
Agree: 7 out of 7

The Summit County COVID-19 Response was well-structured and organized.
Agree: 7 out of 7

The Summit County COVID-19 Response communicated effectively with residents, businesses, agencies and organizations.
Agree: 6, Neutral: 1 out of 7

The Summit County COVID-19 response coordinated smoothly with Summit County agencies, businesses and organizations.
Agree: 6, Neutral: 1 out of 7

Was the Call Center/Communications Group well organized and properly staffed?
Yes: 5, Maybe: 1, N/A: 1 out of 7

Were you provided adequate training and support to work within the Call Center and or Communications Section?
Yes: 4, Maybe: 3 out of 7

The Joint Information Center released:
an appropriate amount of information – 4
not enough information – 2
I am probably biased so did not respond - 1

Which communication channels and strategies do you believe were the most effective and why?

- I only worked the Call Center at the very beginning. The personalized approach was the most effective. The Sr Coordinator should have been proactively reaching out to ALL clients and identifying those that do not participate in senior center, but may fall into that category, as that was the largest group of calls I took.
- The Call Center and the Text Line.
- Emails and daily updates from Janna on any changes were very very helpful. There was a ton of information changing daily, so being able to refer to a written document was very helpful. Weekly phone calls were also very helpful to keep on top of what was happening.
- Directly from management
- Weekly updates

What additional communication channels or strategies could be utilized for public education as part of the COVID-19 ongoing recovery?

- Regular Zoom meetings with the community to disseminate information to stakeholders
- Looking forward to hear these suggestions

- The public being able to sign up for an email with weekly information on what's happening with the COVID response would be great (like Janna would send to all of us after the EOC meetings to keep employees informed). This would keep them informed on the status of what's happening in the County/State. Also, maybe a text alert you could sign up for if COVID numbers start climbing again, or if any particular area of the County is in need of special precautions/outbreaks.
- Not sure

How could Summit County better reach out to the public who are not online or on social media?

- Identify gatekeepers in local communities to share information through word of mouth.
- Looking forward to these suggestions as well.
- KCPW, local newspapers, flyers posted at local gathering places (grocery stores or gas stations) with critical information. Could have a mailing list that they can sign up for if they wish information by mail.
- Phone trees.
- Senior Centers/Libraries/Park Record/Mobile Trucks/Grocery Stores/Dr Offices/Vets/Pet Stores

Please provide 1-2 ways coordination between the call center and county staff assigned to registrations and appointments could have been improved:

- A dashboard that allowed all staff to communicate/check status in real time. Waiting for one, single person to email you back was a little frustrating.
- Regular communication about changes and updates
- More people helping earlier on, scheduling on-site sooner in the process for second doses
- Call Center staff needed direct access to VAMS in order to help callers verify appointments, cancel appointments, schedule appointments. This would eliminate multiple emails and phone calls back and forth, as well as serve the public in a more-timely manner.
- Clear guidelines and expectations from the governor's office and county leadership on who couldn't could not receive a vaccine and how to defuse tense situations.

Please provide 1-2 ways interactions between the call center and the public could have been improved:

- Closer observance of call center staff who were "winging it" with some information. Clearer, simpler messaging may have helped this.
- We needed to get our 'survey' online at the call center sooner to get feedback from the public about any problems or helpful suggestions on how to improve the process.
- Clear guidelines and expectations from the governor's office and county leadership on who couldn't could not receive a vaccine and how to defuse tense situations.

Please share your thoughts about your experience within the Call Center and Communications Section:

- We were far ahead of the curve with registrations and appointments compared to other counties. We had a few hiccups but ultimately we served people which is what matters.

- Overall I felt good about the response time and the community response to the call center. ROI did a great job of keeping agents informed and on top of questions and making the caller feel valued. I feel it was an invaluable resource for the community and also for County staff, as this freed staff up to take care of their own responsibilities. Getting it up and running was a bear, but after that it ran pretty smoothly. Communications staff was great about finding answers to my questions, and communicating new information to be disseminated. Derek Moss was always prompt with his responses to my questions when I needed medically qualified answers.
- Disorganized at times and no clear expectations and training.
- Could have been better Equipped with information.

Please share any feedback about Summit County's response to the COVID-19 pandemic which you received from the public:

- I have yet to hear a single valid complaint about the response. I think The County did an amazing job.
- The number one question or comment I got was about having to go to Park City for a vaccine. They wanted to be able to visit their local Health Dept with the staff they trusted. The number 2 question I got was why all the offices were closed to the public - especially DMV on the East Side.
- Confusion and frustration about all the different answers people gave
- Thank you for all your hard work

EOC Survey Questions and Results– Sent out June 2021

The Summit County COVID-19 Response objectives were met.
Agree: 11 out of 11

The Summit County COVID-19 Response was well-structured and organized.
Agree: 11 out of 11

The Summit County COVID-19 Response communicated effectively with residents, businesses, agencies and organizations.
Agree: 10, Neutral: 1 out of 11

The Summit County COVID-19 response coordinated smoothly with Summit County agencies, businesses and organizations.
Agree: 11 out of 11

Was the EOC well organized and properly structured?
Yes: 10, No Response: 1 out of 11

Were you provided adequate information and support to complete your missions within the EOC?
Yes: 10, No Response: 1 out of 11

Was communication within the EOC effective and clear?
Yes: 10, No Response: 1, No: 1 – see below

Did you feel the Monday.com board improved information sharing, was user-friendly and clearly communicated EOC missions?
Yes: 10, Maybe: 1 out of 11

Were the EOC Staff available and supportive during your activation?
Yes: 10, No Response: 1 out of 11

Do you feel your input was well-received and valuable to your EOC supervisor?
Yes: 10, No Response: 1 out of 11

Please list what went WELL during the Summit County COVID-19 response:

- The Mass Vac clinics were smooth and easy to navigate.
- "- communications via social media outlets, using social media as an informational tool, a tool to state facts and share information with the public - community/county-wide campaign"
- Great coordination and interagency cooperation!
- Immediate and appropriately resourced response with collaboration from a broad spectrum of our community.
- The County response was all in unison. I mean that everyone, at least from the County response was on the same page, there was very little disagreement, and everyone got along well.
- Fast response and immediate action during the initial phase of the Pandemic.
- The mass vaccination clinic was very well organized, efficient and well run. The drive thru process was valuable for the community. It was so efficient that it didn't take long to get thru the vaccine process. The behind scenes were also very efficient. Staff had to be trained quickly

and on the job and policies had to be in place to accomplish that along with training procedures.

- I think everything went well once the issue was dealt with. It was important to have the EOC set up, the call center was important, communication; everything done was important and could not have been done without all involved whether from the POD or the EOC or volunteering.
- Mass vaccine site went very well. Coordination with agencies/ cities within the county was very good
- From what I saw I think pretty much everything went as smooth as it possibly could have.
- Communications, websites, physical vaccination sites, use of existing resources (including human), and a great sense of everyone doing whatever it took to get it done.

Please list what could have gone better during the Summit County COVID-19 response:

- I think it all went well.
- This was an unprecedented event. I don't think we had anything to go off of to base our action plan. Given that, I think the County did an excellent job in their response. Something that can always improve: Spanish translation
- The hardest task is in the anticipation of future events and the communication needed to effectively keep the public and stakeholders informed. We could use work on this, but this is a very difficult thing to improve.
- Due to several reasons that I partially understand, I don't feel the County was ready for the pandemic to begin. The change in EOC leadership just prior to the pandemic beginning was a big reason for this. I don't feel that simple things like contact numbers for stakeholders, protocols for different emergencies, etc. were in place.
- It would have been nice to have more time to train but in an emergency, there is not time for that so that would be hard to do. On-the-job training can be overwhelming at first but in this case, it was the only way to learn.
- The EOC probably should have been activated sooner. Needed better communications between the POD and the EOC.
- Dissemination of information to residents was a little lacking at times.
- Confusion about the role of the EOC in relation to the vaccination clinic. They didn't even use the same terminology--the EOC called it "the POD" and the clinic called itself "the MVC" or "the Clinic." It was unclear whether the EOC existed to "support" the Clinic (as it claimed) or actually to oversee the Clinic. Ultimate responsibility and lines of authority were not clear. Frustration and anger existed on both sides of the organization.

How could lanes of communication be improved for future incidents?

- I think communication was great.
- Some duplication of roles could have been avoided or some territorial issues could have been openly discussed.
- Considering that we couldn't really meet in person, I thought communication was really good. I felt that any questions or concerns were attended to quickly.

- Managers at future PODS should be more accessible by text or answering phone calls when someone is trying to assist them with their requested missions.
- At times, it was hard to get a hold of the Mass Vacc site so we couldn't get information for missions as quickly but that was few and far between. Again, it was a busy time and it was hard for staff at the UFS to stop what they were doing to answer questions, but we needed those questions answered to be able to start and complete the missions so it's a fine line of communication needed.
- I only feel there was a gap in communication between the POD and the EOC so maybe a POD team should have joined in on each of our EOC calls.
- When an assignment is given, other departments impacted by the assignment should be aware of the assignment, and if appropriate--provide approval. Sometimes it seemed the EOC wasn't exactly clear on the specific needs of the MVC (aka POD).

Feedback about Summit County's response to the COVID-19 pandemic they received from the public:

- Many people I spoke to did not want to wear a mask but a lot of them were okay with the suggestion.
- I have heard nothing but compliments as to the County's response. Well done.
- I think that the public reaction went in waves. Initially, everyone was scared and was pleased that the County reacted quickly and decisively to close things down. The public then got tired of distancing and the reaction reflected this. However, I did not hear a single negative reaction to the UFS setup and the Mass Vaccination effort. Everyone I talked to felt that the vaccine effort was great and went as smoothly as it possibly could have.
- The UFS site was well organized and they enjoyed meeting the volunteers.
- Community members mainly discussed their vaccine experience with me. They were all very appreciative of the effort that went into this response. They liked being able to just stay in their car and get the vaccine and they thought it was very efficient. For some of the older population, the computer registration was frustrating but the help/community concerns line was helpful for them.
- That would fill 10 pages! Overwhelmingly positive, with the small-ish exception of difficulty using VAMS, and the feedback that other counties' appointment systems were easier to navigate. Other than that, awesome responses from the community.

Local Government Survey Questions and Responses – Sent out September 2022

Section 1 Community Preparedness

The Summit County Health Department defines Community Preparedness as a shared responsibility where everyone is involved in preparing for an emergency. By working together with our local organizations, businesses, and communities, we strive to keep our county prepared, and able to respond to and recover from public health emergencies, such as the COVID-19 pandemic.

1. Do you feel that your organization was prepared for the COVID-19 pandemic?
   Very: 1; Somewhat: 1; Neutral: 4, Not Very: 1; Not at all: 1
2. How well did the Summit County Health Department keep you informed during the COVID-19 pandemic?
   Very: 6; Somewhat: 2; Neutral: 1, Not Very: 0; Not at all: 0
3. Did you use services provided by the Summit County Health Department during the COVID-19 pandemic?
   - Personal protective equipment (masks, gloves, sanitizer, etc.): 7
   - Quarantine and isolation facilities: 1
   - COVID-19 testing program and contact tracing: 8
   - COVID-19 vaccinations: 7
   - Business services such as grant funding: 2
   - COVID-19 information and prevention materials: 7
4. Please comment on your experiences, thoughts, and recommendations regarding Summit County Health Department's response to the COVID-19 pandemic in terms of **Community Preparedness**.
   - The City [Park City Municipal] very much appreciated the weekly conference calls through the acute stages of the pandemic as these served as an excellent source of up to date information. Would highly encourage the County to consider this effort again.
   - It was a different time for everyone. I feel that the health dept. did a good job and offered services adequately
   - SCHD is the premier organization fighting COVID in the state
   - I appreciated the prompt, trustworthy information the county shared with us daily. As an out-of-county resident, I discovered the information Summit County offered and the support with vaccinations, testing and mask mandates was timely and highlighted how much slower SL County reacted to the pandemic. Summit County guided the city [Park City] through this horrible event professionally and swiftly. An amazing team effort that impressed me.
   - I was pleased with the proactive approach and communication. The health department was the leader locally and in the state.

- Overall, I think Summit County did a wonderful job at keeping us informed and getting us the supplies we needed. I know that everyone involved worked hard at making sure everything was covered.
- Great professional response
- Summit County Health Department's response to the pandemic made me proud to live and work in Summit County. SCHD made consistent, logical decisions based on data
- I don't think anyone was ready for this. overall it was very well handled and we are a better community for your efforts. We all did our best with what we had!
- As a smaller municipality we could have benefitted from clearer guidelines or examples of how to manage public facilities, conduct business with the public while maintaining protection for employees etc. (Particularly when the state issued the different risk categories.)

Section 2 Emergency Public Information and Warning

The Summit County Health Department partners with other local agencies to develop, coordinate, and distribute essential emergency information to the public through emergency alerts, call centers, and other information outlets (websites, media releases, collateral information).

1. Do you feel that the Summit County Health Department's public information and warning efforts provided residents, businesses, agencies, and organizations with effective communication regarding LOCAL COVID-19 information?
   Very: 4; Somewhat: 5; Neutral: 0, Not Very: 0; Not at all: 0
2. What communication outlets did you find the most effective for the sharing of LOCAL COVID-19 information and instructions from the Summit County Health Department, and how often did you use these sources?
   - Personal Facebook: 3
   - Instagram: 2
   - Twitter: 0
   - Other Social Media Outlets: 1
   - Local Radio: 4
   - Local Television: 1
   - Local Newspapers: 1
   - Summit County Health Department website: 8
   - Summit County website: 6
   - Nextdoor.com: 1
   - Summit County Health Department Call Center: 3
   - Summit County Emergency Notifications: 6
   - Posters and other printed collateral: 5
3. What additional communication channels do you recommend?
   - Text Alerts - use more frequently.

- TIK TOK
- The daily phone call that morphed into a zoom with several key organizations in the county and the city was extremely helpful and effective.
- I think Summit County covered all aspects of communication channels for the Coved-19 Pandemic.
- I don't do a lot of social media, so I appreciated the email updates.

4. Please comment on your experiences, thoughts, and recommendations regarding Summit County Health Department's response to the COVID-19 pandemic in terms of **Emergency Public Information and Warning.**
   - They did a good job
   - All well done
   - Well done! I will forever be grateful that the county helped prioritize and expedite vaccinations to the transit operators and other city employees on the front line in non-medical roles. The organization of the vaccinations at the film studio was well planned and the volunteers were amazing.
   - I feel confident that the 'health department lead and community follow' approach helped to guide and keep a consistent message in the fluid nature of the pandemic. I believe that it is important for any challenge to follow the trusted experts. I believe that the health officials did just that.
   - I just want to say thank you to those involved. I know a lot of work went into making everyone safe and getting them the information they needed to make safe decisions.
   - I checked health department Covid updates often. We'll done
   - SCHD was sensitive to different language needs, and demographics. They were proactive to share information and adjust messaging to address rumors.
   - Texts are the best way to catch our family's attention
   - At times knowing where a testing site was going to be located and the hours of operation were a bit difficult to find- especially the later phases of the pandemic

Section 3 Public Health Orders and Guidance

In response to the unfolding COVID-19 pandemic, the Summit County Health Department issued health orders and guidance that had an immediate impact on our community. The Health Department continually evaluated and updated these health orders and guidance to respond to the changing situation. The focus of every order was that of protecting the health of Summit County residents and visitors.

1. Do you feel that you were informed and knowledgeable about the Health Orders that were issued?
   Very: 7; Somewhat: 2; Neutral: 0, Not Very: 0; Not at all: 0
2. Were you able to respond to and implement the requirements of the Health Orders?
   Very: 5; Somewhat: 3; Neutral: 1, Not Very: 0; Not at all: 0

3. Do you feel that the Health Orders were effective in supporting the COVID-19 response in Summit County?
   Very: 6; Somewhat: 3; Neutral: 0, Not Very: 0; Not at all: 0
4. Did you receive the support necessary from the Summit County Health Department to act upon the Health Orders?
   Very: 6; Somewhat: 3; Neutral: 0, Not Very: 0; Not at all: 0
5. Please comment on your experiences, thoughts, and recommendations regarding Summit County Health Department's response to the COVID-19 pandemic in terms of **Public Health Orders**.
   - Timely, organized, easy to understand, trustworthy guidance. A special thanks to Phil Bondurant was accessible, relatable and gave me faith in the overall response. Caroline Rodriguez helped connect me to the resources I needed for transit. Kathryn McMullin is an extremely valuable emergency management professional. Challenging times show you what people are made of and they stepped up to the challenge.
   - Well done.
   - I had direct communication with the public information officers and health officials regarding very specific needs and questions for our business and best/safest practices. They were informative and respectful regardless of the questions/concerns.
   - Everyone did a great job at getting what was needed in order for our patrons to be safe.
   - SCHD was very responsive to answer questions about the health orders.
   - We all did our best with the information available. Thanks you for keeping our community safe.
   - The level of implementation of the health orders was also very dependent upon local leadership. With the abundance of misinformation and distrust there were problems from the top down in attempts to implement the health orders. Not sure how to resolve a problem like this in the future - other than more communication and distribution of reliable information.

School and Daycare Operations Survey Questions and Responses – Sent out September 2022

Section 1 Community Preparedness

The Summit County Health Department defines Community Preparedness as a shared responsibility where everyone is involved in preparing for an emergency. By working together with our local organizations, businesses, and communities, we strive to keep our county prepared, and able to respond to and recover from public health emergencies, such as the COVID-19 pandemic.

1. Do you feel that your organization was prepared for the COVID-19 pandemic?
   Very: 0; Somewhat: 1; Neutral: 3, Not Very: 0; Not at all: 1
2. How well did the Summit County Health Department keep you informed during the COVID-19 pandemic?
   Very: 3; Somewhat: 0; Neutral: 2, Not Very: 0; Not at all: 0
3. Did you use services provided by the Summit County Health Department during the COVID-19 pandemic?
   - Personal protective equipment (masks, gloves, sanitizer, etc.): 5
   - Quarantine and isolation facilities: 0
   - COVID-19 testing program and contact tracing: 5
   - COVID-19 vaccinations: 1
   - Business services such as grant funding: 4
   - COVID-19 information and prevention materials: 4
4. Please comment on your experiences, thoughts, and recommendations regarding Summit County Health Department's response to the COVID-19 pandemic in terms of **Community Preparedness.**
   - Any time I had a question, it was answered. I felt supported and armed with the most up to date information.
   - Dr. Bondurant was always just a text or phone call away. This helped make communication easy.
   - Thank you for your continued support and hard work!
   - Don't politicize future viruses. The closures and drama associated with this pandemic and the constant changes made it very difficult to stay in business. While tracers and personnel on the phones were helpful and kind the root policies and way things were enforced was caddy, ridiculous and leaves me very skeptical when dealing with Summit County Health. You have a lot to do before you have my trust again!
   - There was frequent misalignment in protocol between the feds, state, county, and school district. I think the county should have been the aligning force.

Section 2 Emergency Public Information and Warning

The Summit County Health Department partners with other local agencies to develop, coordinate, and distribute essential emergency information to the public through emergency alerts, call centers, and other information outlets (websites, media releases, collateral information).

1. Do you feel that the Summit County Health Department's public information and warning efforts provided residents, businesses, agencies, and organizations with effective communication regarding LOCAL COVID-19 information?
   Very: 1; Somewhat: 1; Neutral: 0, Not Very: 1; Not at all: 1
2. What communication outlets did you find the most effective for the sharing of LOCAL COVID-19 information and instructions from the Summit County Health Department, and how often did you use these sources?
   - Personal Facebook: 1
   - Instagram: 1
   - Twitter: 1
   - Other Social Media Outlets: 1
   - Local Radio: 1
   - Local Television: 1
   - Local Newspapers: 1
   - Summit County Health Department website: 3
   - Summit County website: 3
   - Nextdoor.com: 0
   - Summit County Health Department Call Center: 2
   - Summit County Emergency Notifications: 1
   - Posters and other printed collateral: 2
3. What additional communication channels do you recommend?
   - I used the State health department guide as well.
4. Please comment on your experiences, thoughts, and recommendations regarding Summit County Health Department's response to the COVID-19 pandemic in terms of **Emergency Public Information and Warning.**
   - I believe information was put out effectively, I feel as though the information or guidance has just recently disappeared. I would still like updates and alerts.
   - Generally good.
   - Total crap! Our business will never be the same! Shame on Summit County!!
   - As a school, it was a challenge to receive specific guidance at times.

Section 3 Public Health Orders and Guidance

In response to the unfolding COVID-19 pandemic, the Summit County Health Department issued health orders and guidance that had an immediate impact on our community. The Health Department continually evaluated and updated these health orders and guidance to respond to the changing situation. The focus of every order was that of protecting the health of Summit County residents and visitors.

1. Do you feel that you were informed and knowledgeable about the Health Orders that were issued?
   Very: 1; Somewhat: 1; Neutral: 2, Not Very: 0; Not at all: 0
2. Were you able to respond to and implement the requirements of the Health Orders?
   Very: 1; Somewhat: 2; Neutral: 0, Not Very: 1; Not at all: 0
3. Do you feel that the Health Orders were effective in supporting the COVID-19 response in Summit County?
   Very: 0; Somewhat: 3; Neutral: 0, Not Very: 0; Not at all: 1
4. Did you receive the support necessary from the Summit County Health Department to act upon the Health Orders?
   Very: 1; Somewhat: 2; Neutral: 0, Not Very: 0; Not at all: 1
5. Please comment on your experiences, thoughts, and recommendations regarding Summit County Health Department's response to the COVID-19 pandemic in terms of **Public Health Orders**.
   - Everyone has been very supportive and responsive! Great job.
   - Timely and appropriate.
   - Total failure!! You don't always have to say something-waiting until you know what you're talking about is an option! Wish you would have used it instead of dragging our businesses through the chaos!
   - The county enforced health orders on schools which were the purview of the state. In most scenarios, rules flow from the feds, to the state, to the county, then to the schools. SCHD at times turned this on its head, and caused many challenges.

UFS MVC Volunteer and Staff Survey Questions and Responses – Sent out June 2021

The Summit County COVID-19 Response objectives were met.
Agree: 170, Neutral: 2, No response: 2 out of 174

The Summit County COVID-19 Response was well-structured and organized.
Agree: 168, Neutral: 3, No response: 3 out of 174

The Summit County COVID-19 Response communicated effectively with residents, businesses, agencies and organizations.
Agree: 158, Disagree: 2, Neutral: 13, No response: 1 out of 174

The Summit County COVID-19 response coordinated smoothly with Summit County agencies, businesses and organizations.
Agree: 140, Disagree: 1, Don't know: 5, Neutral: 16, No response: 12 out of 174

Was the Utah Film Studio Vaccination Site prepared to support mass vaccination efforts in Summit County?
Agree: 172, Maybe: 2 out of 174

Were your assignments clear and appropriate to meet the objectives of the UFS Vaccination Site?
Agree: 172, No response: 1 out of 174

- took time to settle in then good team work

Were you provided adequate resources, training and support to complete your assignment?
Agree: 165, Maybe: 2 out of 174

- at times felt very hasty but was safe and concise
- I was a physician administering shots, when I hadn't done that in many years. I researched on my own a refresher, but I'd heard other areas had a video refresher for people to watch that was required. I thought that was a good idea.
- It was mixed depending on the staff leader
- Other than limited supply of vaccine
- Some resources were not available when we opened the site that were needed. Eventually they did arrive
- The first day could have begun with more instructions.
- Yes, but other players were not so they tried to have me do stuff that wasn't a part of what I was asked to do. Sorted its way out after a few weeks.

Were you provided adequate resources, training and support to complete your assignment?
Agree: 169, Maybe: 2 out of 174

- As in above, it depended on the individual staff
- Couldn't think of a better group to work with. Just great people.

Did your experience at the UFS Vaccination Site meet your expectations?
Beyond expectations: 2, Exceeded: 2, Agree: 165, Neutral: 3, No: 1 out of 174

Please share your thoughts about your experience at the UFS Vaccination Site:

- A good experience. Very busy!
- A very satisfying experience going from nothing existing to a self-running machine. Also, we put perhaps 14,000 vehicles through the clinic with not a single fender bender. Not bad.
- Above and beyond. Employed personnel were exceptional.
- Again, just amazing.
- All good
- All positive
- Amazing setup and organization. So efficient, so well run.
- Amazing team at the UFS vaccine site - staff worked very hard, but were always available for problem-solving, questions, etc.
- An informative daily brief of any changes or updates would have been appreciated. The doctors seemed to have varying opinions, it would have been nice if they were trained or informed and had more consistent advice to the volunteers and the public.
- as noted before I could have been utilized more. There seemed to be a good old persons network amongst the volunteers that I was not a part of. Personally I would have liked to be part of an outreach--there are people that were working who could not possibly take time off--was this population offered vaccinations?
- Awesome people
- Best leadership team ever! Amazing employees and volunteers. Nimble and adaptable to meet the changing needs of the process depending on updates and challenges. I got to know the non-medical volunteers I worked with well, but I always felt a separation/disconnect between us and medical team…even just a brief hello/intro at beginning of shift would have been helpful and more comfortable.
- Better than I could have imagined. I didn't want it to end. I am proud to say I was a volunteer. Derek, Kathy, Connie and many more are truly awesome
- Call on me any time. The most frustrating part of participation was getting on the calendar in the very beginning. After that, it was all positive! The volunteers wanted to be there, the people getting vaccinated wanted to be there - it was well supported by the professionals and everyone was doing what they thought was best!
- Civic duties as Americans displayed. SO impressive, proud volunteers, nice to see good citizens step up.
- Could have used additional volunteers at intake on some heavy days
- Enjoyed when I went, I was just needed more at another county so I went there more often.
- Everyone was incredibly nice and supportive.
- Everyone was so friendly, helpful and focused on the tasks at hand. I was grateful to be part of the volunteer staff.
- everyone was superior in managing shifts, questions and extremely thankful for the volunteers
- Everything was very well organized and the layout of the UFS made the vaccination process smooth and fast for people coming through.
- Excellent. Great to be a part of the solution.

- Extremely well done and coordinated. The folks running the clinic did a great job
- Glad to help
- Great
- Great atmosphere. Upbeat and kind people.
- Great coordination and organization
- Great group of people.
- Having the opportunity to help our citizens through this pandemic was epic for me!
- Health Department staff adjusted procedures as needed to make the operation more efficient.
- helpful staff, adequate staffing while I was there. Good training and sensitivity to weather and temperature issues for volunteers (some snowy days)
- I absolutely loved volunteering and would be available at any time, should the need arise in the future. I actually miss it!!'
- I always felt like I was part of the team. Staff were open to ideas which allowed us to continue to improve our quality and workflow. I loved the people who were part of this effort!
- I am proud to have been part of this response. Every shift I attended was a highlight. My role was low level- I just opened the gate - but the way the center was operated made everyone feel important, everyone welcome, everyone safe. On another level the humanity, good humor and warmth with which the center operated was remarkable. That is absolutely down to the people like Katie, Chris, Aimee who worked so hard to make it so. Absolutely efficient and completely humanistic. That is a miracle in itself.
- I enjoyed volunteering. Clinic very organized
- I felt very privileged to be able to volunteer and enjoyed my experience very much.
- I looked forward to volunteering. We all wanted to be there and it felt so rewarding and all the patrons were so appreciative of our services.
- I love all our team work efforts, clear communication even when computers failed
- I thought it was very organized and ran smoothly.
- I thought that the experience and outcome was fantastic. Given the magnitude of the project- things went very well.
- I was incredibly happy to serve and to see the many former coworkers I enjoyed working with.
- I was unable to volunteer until April. I was so impressed with how the daily clinics were organized, to get as many people as they could through the door.
- I was very impressed by all efforts and the organization of everyone involved at the UFS.
- I was very pleased with being able to help my community and the work ethic of all the staff.
- I wish I could have volunteered more
- I work with Covid patients on the outpatient side and it was/is pretty discouraging. This opportunity gave me hope and helped keep me sane.
- incredible experience to work with all those caring people who came together for the same objective
- It has been my favorite volunteer experience ever.

- It was a great experience being able to help the community. It was only marred by one individual I worked with one day who belittled me and my specialty (anesthesiology) the entire shift.
- It was a pleasure to work with not only the supportive Summit County Health Department but also the many health professionals who wanted to contribute to the success of the vaccination program.
- It was a pleasure to work with such dedicated people
- It was a pleasure!
- It was a positive and rewarding experience. I felt very appreciated supported and welcome. I would volunteer again if the need ever arises.
- It was a very gratifying experience
- It was a very positive experience. Almost everyone who came in for a vaccination was thrilled to be there which made us all happy.
- It was a well-oiled machine and a pleasure to volunteer at!
- It was an awesome experience and I truly felt appreciated both by the staff and more importantly by the community.
- It was an honor and a joy to serve there. I loved the people I met and was grateful to be able to help in a small way after the past 18 months. It was a gift.
- It was an honor to be a volunteer for this effort.
- It was genuinely one of my best service experiences ever. Staff was great, the process was incredibly well coordinated, the volunteers were helpful, cheerful, and very collegial, and those present for vaccination were polite, cooperative, and most often very grateful. Excellent experience and I wish I had the ability to volunteer more.
- It was one of my best volunteer experiences.
- It was one of the most impactful experiences of my medical career.
- It was one of the most rewarding things I've done.
- It was run efficiently and with concern for the welfare of the volunteers.
- It was run so well!
- It was touching to be a small part of something so much bigger than all of us!
- It was very gratifying.
- It was very professional. All the people were focused and everyone had a smile
- It was very well organized and the supervisors were very helpful if needed.
- Just needed to get more people through in less time, more efficient
- Katie and Amy were great to work under as they were professional, respectful and communicative.
- More than met expectations. I found this to be a very good experience.
- Most times this was the happiest place in Summit County as the volunteers were happy to be there and the people being vaccinated were as well. In addition, there was a good plan that was organized well and staffed by hardworking people. This made for a wonderful solution to the last year of the pandemic.

- My experience as a volunteer was very rewarding as I felt that I was doing something good for the community, my new community as I had just moved to the area in January. The volunteer teams were awesome to work with. The staff overseeing the clinic were knowledgeable and always available to answer any questions that would come up. Enjoyed working with and getting to know so many of the volunteers. Great experience for a wonderful cause.
- My experience exceeded expectations. The entire operation ran like a machine!
- My intention was to volunteer for a few shifts, but to be very honest, the experience was so satisfying on so many levels, that I ended up working many more shifts than I ever imagined I would!
- My volunteer experience exceeded my expectations. Working there was truly something I looked forward to, and was the highlight of each week I was there. The staff was respectful to everyone and everyone's time, and regularly expressed their appreciation. I can't say enough good things about the team running the site, and would definitely volunteer again if needed.
- Once the UFS got up and running with a few minor tweaks at the beginning, which is to be expected, it ran very well. It was a happy place!
- one of my all-time favorite volunteer opportunities
- Outstanding effort by staff and volunteers.
- Perfectly suited to task. Staff extraordinary.
- Positive
- Positive experience. Great effort
- ran amazingly smooth and staff worked hard to make sure everyone knew what to do and was comfortable in their position
- Really fulfilling to be able to participate in this Herculean effort to be a part of the solution to the pandemic, loved the amazing volunteers I met and worked with.
- Really great people doing everything. Doc's willing to help with the garage door opening and closing, venue personnel setting up each morning, interpreters willing to assist in any way they could. Just a can do attitude by all.
- Really nice job by Summit County staff
- Rewarding
- See my comments on the previous page. The vax site was an outstanding logistical construct, no detail was overlooked. The leaders operating the site did so with dedication and good cheer making for a very positive experience for volunteers. Wonderful performance in the design and execution of this vaccination campaign!
- So positive and team oriented. Thank you!!
- Staff was well organizer, clearly communicated and great supervision during all shifts.
- Staff where amazing and so where the volunteers
- Super fun, positive volunteer job. All of the volunteer coordinators were patient, positive, capable.
- The entire permanent staff were friendly, supportive and well organized. Really wonderful job.
- The only thing that I thought could be improved upon was data for side effects to share with patients. I'm not sure we provided full consent since we didn't get side effect data.

- The other volunteers were helpful in orienting me and answering questions
- The staff and fellow volunteers were supportive and a pleasure to work with.
- The vaccination site was incredibly well organized and easy for people to use.
- This was a terrific site to provide efficient vaccinations. The volunteers and staff worked very well together. It was only unsettling when you were pushed to go too fast to communicate fully what the people receiving their vaccinations needed to know and answer their questions.
- This was a very positive experience working with dedicated volunteers and vaccine recipients who were happy to have the opportunity.
- This was my most rewarding volunteer experience. The Summit County staff were outstanding. They deserve awards and bonuses for their accomplishments!
- This was such a great experience. I loved being able to pay back to the community for getting a vaccination a little bit early. This experience was something I will never forget. It was amazing to be part of a person's 'return to normal' process. I can't tell you how many people cried tears of joy when getting the vaccine. Amazing.
- This was the most positive volunteer experience I have ever had. I was excited to show up. All the summit county employees were helpful, positive and great to work with
- thought it was great for volunteers and vaccinees but limited in hours and days of availability
- Very organized
- Very satisfying experience
- Very well organized and staffed
- Very well run, amazing staff and medical professionals, great community volunteer engagement!
- volunteering at the film studio was a positive experience. I felt like my job was important and that my presence was valued.
- Volunteering at UFS was the highpoint of my pandemic experience, everyone was so thoughtful and appreciative from county staff to our patients.
- Volunteers and staff worked well together when the weather was good or the weather was cold with blowing snow.
- Was amazing time to be volunteering
- was wonderful to be part of this public health mission
- We had a great experience!!!!
- Well designed, planned and executed. Was a shining example of how a community can engage and execute...
- Well organized
- Well organized and fun to work at
- Well organized and supervised. While I understand the benefits of a drive through system, I am not sold that it was the most efficient. I think more people could have been vaccinated quicker if it was a park and come in system. Regardless, it could have been quicker had the lines not been linear. Even with a drive through system, it could have been set up so that the lines moved through the various stops separately rather than having everyone in a single line. But again, it was well run, organized, and supervised.

- Well organized to process the people through the vaccine process with ease
- Well organized, good leadership, energetic flexible volunteer staff
- Well organized. The line would have moved much quicker with a dedicated person coordinating the line. Too many times only one or 2 cars came in even though there was a line outside. Too many times the line inside didn't move even though all stations had completed the injections.
- Well run
- Well run on both the front and back sides. Great staff made for great volunteer experience that then Les to a great patient experience.
- Well run site. High level of camaraderie and sense of mission
- Well staffed and excellent MD availability
- Wonderful setup
- Working with the employees and volunteers at the vaccination site was the highlight of my last year. We made a lasting impact on the health and rebuilding of the community.
- Would have volunteered more but couldn't navigate the bulky computer system.

Please share any feedback about Summit County's response to the COVID-19 pandemic which you received from the public:

- Almost every person coming through the vax drive through was amazed at the operation set up and were thrilled to not have to get out of their car!
- A lot of people said thank you
- All feedback I heard was positive and that the site was well run. The only negative I heard was that VAMS was a little tricky to navigate, but there was lots of support to help.
- All positive
- All positive; minor issues with the website navigation
- All was positive including appreciation for the staff and volunteers.
- All were pleased with the Film studio vaccine site
- All were very grateful
- Almost all people I spoke with thought it was very well organized and were so grateful for the effort Summit County put into the COVID-19 response.
- Almost to a person, those coming in for vaccinations were happy and excited to be there.
- "An incredibly rewarding experience."
- Congratulations to staff and volunteers.
- Appreciation mostly. Silence from anti-vaccers
- As individual's were waiting in line to receive the vaccine, many were so appreciative and thanked us, as volunteers for the clinic and what we were doing for the county. They also expressed their thoughts on how well it was "ran - like a well-oiled machine".
- Astonishment at the percentages of people they were able to get vaccinated, as compared to other counties.
- Couldn't have gone any better. Fabulous response

- Every time I gave a jab to someone, they told me thank you. The public was so appreciative of the volunteer efforts that were happening to help them be healthy.
- Everyone I spoke to said the vaccination site at UFS worked very smoothly. People were very appreciative and complimentary of the process.
- Everyone I spoke to was enthusiastically complementary about their experience at the drive through clinic. Praise was abundant.
- Everyone I spoke with was thrilled with the efficiency of the process!
- Everyone I spoke with who received a vaccine from the clinic had a very positive experience
- Everyone thought it was great. Initially some confusion and frustration about the roll out, so they were going elsewhere.
- Everyone was so friendly at the film studio. Smooth process….easy.
- Everyone was so thankful for what we, the volunteers, were doing. A few ladies actually were tearful after the vaccine was given to them.
- Everyone was thankful for the work being done at the vaccination site
- Everyone was thrilled. Wonderful that we could do it at the film studios which are a super convenient location
- Everything I heard from the community about the effort was that it was efficient and a success.
- Excellent. Things are so efficient and it made for a great volunteer experience
- Excellent job, well organized, appointments were easy, whoever was jabbing was doing a great job!
- Generally very positive.
- Great
- Great job, well organized, everyone friendly and caring, easy to get a shot, appreciate the easy access, quick call backs from the staff when needed
- Great work!
- ‘Happiest day of my life' 'I have been waiting over a year for this day' 'I can now hold my Grandchildren'
- Have only heard very positive comment
- High exposure people should have been able to come in sooner...Latino community needed better explaining and access, my cleaning lady could not get in, I had to help her and her family, there was not enough support for those who don't speak English well and we should have had mobile sites in those high density communities.
- I appreciate all the efforts made by SC health dept staff and volunteers. It was an amazing experience!
- I couldn't believe how many people said thanks for helping!
- I have described the facility, to use a Disney phrase, as The Happiest Place on Earth. Virtually 100% of those coming for vaccines were overwhelmed with the efficiency and ease with which the process was managed...start to finish.
- I have heard nothing but positive comments about everyone's experience.
- I heard nothing but pride and thanks in Park City. People were so moved by the vaccine effort and were proud to be part of one the best counties in the world. Go Park City!

- I received so much praise and many were so appreciative, from both the patrons and the Staff.
- Incredibly impressive stats!
- Inspirational, and exceptionally rewarding
- It was a smooth process
- It was a well-organized and seamless experience
- It was a wonderful experience to work together with others to facilitate the vaccination process.
- It was fantastic
- It was hard to get signed up, but once you did everything worked great
- It was quick and easy
- Just profound gratitude to staff, volunteers, the public, and the Crandall family.
- Locals were very happy with and thankful for the effort by the county
- Lots of appreciation for all our efforts
- Loved the stay in your car thing
- Majority of the people coming through were extremely grateful that the clinic was being held.
- Many many kudos for the volunteers but the CDC sign up was seen as very cumbersome.
- Many people complimented the efficiency of the operation from the patient perspective
- Many, many people thanked us for being out in the bad weather. Public was very supportive overall.
- Most feedback exceptionally positive. Delay getting appointments in early stages frustrating to some but less so when communication about criteria clear.
- Most feedback I heard was concern about the long waits for appointments.
- Most people were thrilled with the county's response.
- Most were grateful for the vaccine and for the volunteers.
- Mostly positive feedback, grateful residents (and non-residents). Small confusion about the 16-18 year-olds showing up at the vaxx clinic but unable to receive Pfizer.
- Mostly positive regarding wait time and friendliness of the staff. Some wanted to know who to contact when they had severe reactions. A clear understanding of what a normal verses adverse reaction would have helped the public know when to contact their local physician or health department.
- Mostly thankful
- Other than scheduling/website glitches I have heard nothing but high praise from ppl who were vaccinated at the Film Studio.
- Outstanding. A model for others
- Overall, excellent!
- Overwhelming appreciation from our community was amazing
- People at St. Mary's Food Bank appreciated the access to free masks. Drivers going through the UFS frequently expressed appreciation and relief.
- People felt comforted when they were nervous. So many thanked me for volunteering. So many felt relief being able to receive the vaccine.

- People felt that the entire experience was well done.
- People LOVED that so many from the community took time to help protect other members of our community
- People thought it was really well organized, time efficient and so appreciative of staying in their cars and moving through the system!
- People were all super positive about their experience at the Film Studio vaccination site. Great job!!!
- People were so appreciative of what we were doing - I rarely heard a complaint, but almost always got a "thank you"
- People were very enthusiastic about the vaccination effort.
- People were very happy with their experience even when backed up
- Public response was that it was very easy to use and was very organized.
- Should be a requirement for ALL volunteers to be vaccinated ahead of time and Summit County should provide the shots ASAP to ALL volunteers. It is not appropriate to exposure non-vaccinated volunteers to the number of people coming thru the drive through. This was not the case when I started my shifts and I had to ask and ask again to be vaccinated.
- So many expressed gratitude for the clinic.
- So many thank you comments from the patients.
- Some people had issues with knowing how to make an appointment but overall the feedback was very positive.
- Summit County's response was very positive. Initially when the vaccine doses were restricted to certain age groups etc, people were impatient but once things started rolling and we had enough vaccine and could open up the age groups, there were no complaints.
- Tears of gratitude, gifts of candy, daily thank you's, and every person I dealt with thought the Film Studio ran perfect. Even the problems were resolved and people received complete support to resolve timing, frustrations, or the other odd problem.
- Thanks
- The drive through vaccination site was very well organized.
- The feedback I received from the public was very positive. They were grateful that the vaccination was being given, they thought it was organized and ran smoothly.
- The Film studio clinic ran like a well-oiled machine. It was a thing of beauty that I had not experienced in working for several school districts or the military.
- The patients were most appreciative of the clinic.
- The public was really appreciative of the clinic and staff
- The public was so appreciative!!
- The public, for the most part, were ecstatic to be receiving their inoculations. They were cooperative, very kind and very appreciative of the volunteers.
- They liked not having to leave their car and the fact it was all drive thru. Did not like having to do the same form on their second shot
- They were satisfied and grateful
- They were very appreciative

- This has to be one of the most organized places in the US as we were able to vaccinate so many of our population because we had a good plan and people wanted to be vaccinated.
- Undoubtedly the response was one of great thanks. People were truly grateful and not shy about showing it. Tooting, dancing, bottles of champagne on ice for after dose 2, cheers, applause and fist bumps all as much a part of the response as the needles and alcohol swabs. I think the people of Summit knew they were in good hands and ahead of the curve which suits the personality of Park City (so Type A :))
- Uniformly positive.
- Very easy process
- Very Effective
- Very positive feedback. They said it was organized and easy to manage.
- Very well organized. A good, easy experience
- Volunteers appreciated snacks and water and I observed all volunteers working hard and steadily with good attitudes. I think everyone got along well and the staff was supportive. It was an outstanding experience. Thank you
- Well done!
- Well organized and efficient clinic just difficult to register
- Well run!
- YOU ROCKED IT! CONGRATULATIONS ON A JOB WELL DONE!

Business Community Survey Questions – Sent out September 2022

Section 1 Community Preparedness

The Summit County Health Department defines Community Preparedness as a shared responsibility where everyone is involved in preparing for an emergency. By working together with our local organizations, businesses, and communities, we strive to keep our county prepared, and able to respond to and recover from public health emergencies, such as the COVID-19 pandemic.

1. Do you feel that your organization was prepared for the COVID-19 pandemic?
2. How well did the Summit County Health Department keep you informed during the COVID-19 pandemic?
3. Did you use services provided by the Summit County Health Department during the COVID-19 pandemic? Please check all that apply.
    - Personal protective equipment (masks, gloves, sanitizer, etc.)
    - Quarantine and isolation facilities
    - COVID-19 testing program and contact tracing
    - COVID-19 vaccinations
    - Business services such as grant funding
    - COVID-19 information and prevention materials
    - My business did not use services provided by Summit County
4. Please comment on your experiences, thoughts, and recommendations regarding Summit County Health Department's response to the COVID-19 pandemic in terms of Community Preparedness.

Section 2 Emergency Public Information and Warning

The Summit County Health Department partners with other local agencies to develop, coordinate, and distribute essential emergency information to the public through emergency alerts, call centers, and other information outlets (websites, media releases, collateral information).

1. Do you feel that the Summit County Health Department public information and warning efforts provided residents, businesses, agencies, and organizations with effective communication regarding LOCAL COVID-19 information?
2. What communication outlets did you find the most effective for the sharing of LOCAL COVID-19 information and instructions from the Summit County Health Department, and how often did you use these sources? Please check all that apply:
    - Facebook
    - Instagram
    - Twitter
    - Other Social Media Outlets
    - Local Radio

- Local Television
- Local Newspapers
- Summit County Health Department website
- Summit County website
- Nextdoor.com
- Summit County Health Department Call Center
- Summit County Emergency Notifications
- Posters and other printed collateral

3. What additional communication channels do you recommend?
4. Please comment on your experiences, thoughts, and recommendations regarding Summit County Health Department's response to the COVID-19 pandemic in terms of Emergency Public Information and Warning.

Section 3 Public Health Orders and Guidance

In response to the unfolding COVID-19 pandemic, the Summit County Health Department issued health orders and guidance that had an immediate impact on our community. The Health Department continually evaluated and updated these health orders and guidance to respond to the changing situation. The focus of every order was that of protecting the health of Summit County residents and visitors.

1. Do you feel that you were informed and knowledgeable about the Health Orders that were issued?
2. Were you able to respond to and implement the requirements of the Health Orders?
3. Do you feel that the Health Orders were effective in supporting the COVID-19 response in Summit County?
4. Did you receive the support necessary from the Summit County Health Department to act upon the Health Orders?
5. Please comment on your experiences, thoughts, and recommendations regarding Summit County Health Department's response to the COVID-19 pandemic in terms of **Public Health Orders**.

Appendix 5: Public Health Legal Authorities

The following legal authorities provide the direction, legal parameters, rights and responsibilities of a public health department during a public health emergency.

United States

- Robert T. Stafford Disaster Relief and Emergency Assistance Act (Stafford Act)
  https://www.fema.gov/disaster/stafford-act
- Homeland Security Act (2002)
  https://www.dhs.gov/homeland-security-act-2002
- Post-Katrina Emergency Management Reform Act (2006)
  https://www.congress.gov/bill/109th-congress/senate-bill/3721
- Sandy Reform Act (2012)
  https://www.fema.gov/disaster/sandy-recovery-improvement-act-2013
- Disaster Recovery Reform Act (2018)
  https://www.fema.gov/disaster/disaster-recovery-reform-act-2018

Department of Homeland Security / FEMA

- Mission
  https://www.dhs.gov/mission
- National Incident Management System (NIMS)
  https://www.fema.gov/emergency-managers/nims
- Incident Command System (ICS)
  https://www.ready.gov/incident-management
- FEMA Region 8
  https://www.fema.gov/about/organization/region-8

Department of Health & Human Services / CDC

- CDC Mission
  https://www.cdc.gov/about/organization/mission.htm
- CDC Capabilities
  https://www.cdc.gov/cpr/readiness/capabilities.htm
- CDC/HHS Region 8
  https://www.hhs.gov/about/agencies/iea/regional-offices/region-8/index.html

State of Utah

- Department of Health & Human Services (formerly Utah Department of Health)
  https://dhhs.utah.gov/
- Title 26, Local Health Codes
  https://le.utah.gov/xcode/Title26/26.html?v=C26_1800010118000101
- Title 26A, Local Health Authorities; 26A-1-126, Medical Reserve Corps
  https://le.utah.gov/xcode/Title26A/Chapter1/C26A-1-S126_1800010118000101.pdf
- Title 53, Public Safety Code
  https://le.utah.gov/xcode/Title53/53.html?v=C53_1800010118000101
- Title 53, Section 53-2a-205(2)(h), Disaster Response and Recovery Act
  https://le.utah.gov/xcode/Title53/Chapter2A/C53-2a-P2_1800010118000101.pdf
- Title 58-1-307, Occupations and Professions, Exemptions from licensure
  https://le.utah.gov/xcode/Title58/Chapter1/58-1-S307.html
- S.J.R. 3 Joint Resolution to Terminate Public Health Orders Pertaining to Face Coverings
  https://le.utah.gov/~2022/bills/static/SJR003.html
- Utah State Board of Education Administrative Rules
  https://schools.utah.gov/administrativerules

Summit County

- Ordinance 932 ('21): County Code of Summit County, UT
  https://codelibrary.amlegal.com/codes/summitcountyut/latest/summitcounty_ut/0-0-0-1
- 5-4-4 Emergency Management
  https://codelibrary.amlegal.com/codes/summitcountyut/latest/summitcounty_ut/0-0-0-14460
- Summit County Health Department
- SCHD Board of Health Bylaws

Appendix 6: PHEP Guidance and Programs

Public Health Emergency Preparedness (PHEP)

The Summit County Health Department employs a full-time Public Health Emergency Manager, responsible for planning, implementing, and improving the Public Health Emergency Preparedness (PHEP) program. The Public Health Emergency Preparedness (PHEP) grant is the primary funding source for the Summit County Health Department Emergency Preparedness.

In alignment with National Response Framework (NRF), FEMA and the CDC, the PHEP program provides guidance and tools for health departments to plan, test, and improve their response efforts in accordance with the standards established in the CDC Public Health Emergency Preparedness and Response Capabilities National Standards.

CDC Public Health Preparedness and Response Capabilities:

The CDC Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health is the framework provided by the CDC to guide health department preparedness, planning, and response programs. The document describes 15 public health components, under six primary domains, necessary to advance jurisdictional public health preparedness and response capacity. The Capabilities guide is the model upon which the SCHD PHEP program plans and prepares for public health emergencies and the basis of this COVID-19 After-Action Report to ensure consistent and effective response, implementation, and improvement planning.

Cities Readiness Initiative (CRI)

In 2011, the SCHD participated in the CDC Cities Readiness Initiative (CRI), a federally funded program designed to assist cities and counties to respond to large, public health emergencies. The CRI program requires development of plans for public health emergency response, medical counter measures, crisis communication, community preparedness, Strategic National Stockpile (SNS), Points of Dispensing Sites (PODS), training, and equipment. As a result of successfully completing the CRI certification, SCHD had the foundational pandemic planning tools and knowledge necessary to begin planning and preparation for COVID-19 response efforts. As part of the CRI process, SCHD had established a stockpile of Personal Protective Equipment (PPE) to help keep staff and response partners safe should a biohazard emergency or pandemic strike.

The SCHD CRI plan is a collection of public health emergency response plans focused on biohazard and pandemic emergency response implementation. The CRI program required the development of key operational plans, training, and physical preparations specific to Summit County and the community. The following plans and sample content include:

- **Pandemic Operational Plan (IDER):** SCHD plan to identify and respond to a pandemic health emergency using NIMS/ICS processes and CDC response guidance.
  - Pandemic Response Strategy
  - Emergency Response Activation, NIMS, and ICS
  - Health Department Authorities and Laws

  - Infectious Disease Response
  - Public Health Emergencies All-Hazard Planning
  - Surveillance, Epidemiology, and Laboratory Operations
  - Community Mitigation, and Non-Medical Countermeasures
  - Vaccines and Medical Countermeasures
  - Response Partners and Community Partnerships, MAAs, and Integration
  - Staff and Volunteer Tasks, Training, and Deployment
  - Healthcare System Preparedness and Preparedness
- **Pandemic Crisis Emergency Risk Communication Plan (CERC):** SCHD communications plan to gather, analyze, and share information with agency partners, media, and the public.
  - Crisis Emergency Risk Communication Principals
  - Public Emergency Alerts, Warning, and Outreach
  - Declaration of Emergency and Health Orders
  - Public Information Officer (PIO) Guidelines and Media Policy
  - Joint Information Center Operations
  - Media, Partner, and Public Information
  - Media Relations
  - Public Information Hotline and Call-Center Manual
- **Strategic National Stockpile Plan (SNS)**: SCHD plan to receive and dispense national strategic stockpile supplies of medicine, medical supplies, and emergency response resources.
  - SNS Planning
  - Requesting SNS Materiel, Prophylaxis, and Vaccines
  - Regional and Local SNS Distribution Sites
  - SNS Inventory Management and Chain of Custody Planning
  - SNS Site Planning, Safety, and Security
  - PPE Stockpile and Community Distribution Planning
  - Hospital, Healthcare, and Response Partner Coordination
- **Points of Dispensing Site Activation Plan (PODS):** SCHD plan to activate and operate a Point of Dispensing Site (PODS) to quickly dispense vaccines, medications, services, and supplies to the public and response partners.
  - PODS Concept of Operation
  - PODS Planning and Site Development
  - PODS Readiness, Activation, and Closure
  - PODS Job-Action-Sheets, Training, and Deployment
  - PODS Volunteer Management
  - PODS Receiving, Dispensing, and Monitoring Operations

Unfortunately, funding for the CRI program in Summit County has subsided and updates to the plans have been sporadic. The CRI program still holds merit and is woven throughout the CDC and NACCHO public health emergency preparedness capabilities standard requirements.