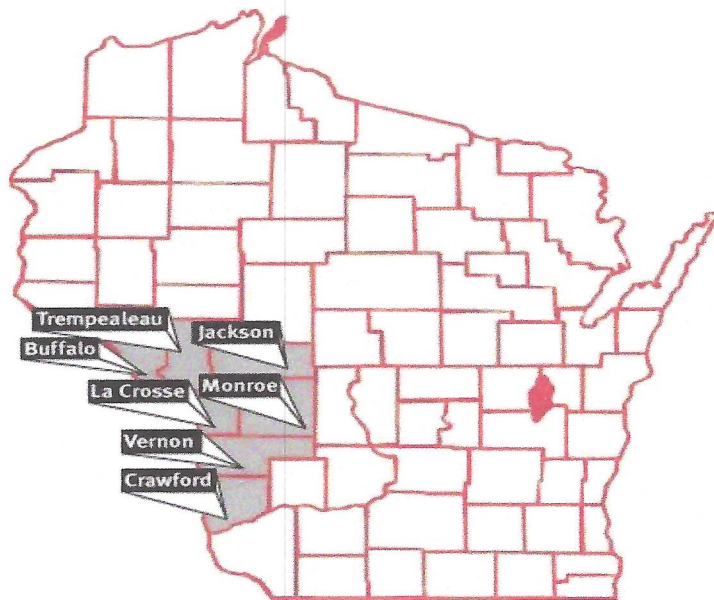


# HERC Region 4 LTC Active Shooter TTX AAR

## Summary of Findings and Improvement Plan

*Western Wisconsin Healthcare*



*Emergency Readiness Coalition*

December 14, 2022

## Incident Overview

**Name:** HERC Region 4 LTC Active Shooter TTX

**Date/Location:** 14 December 2022, Virtual

**Incident Hazard or Threat:** Active Shooter

**Incident Summary:** An individual is seen in the parking lot with what appears to be a hand gun walking toward the front entrance. Upon entering the facility, the individual begins yelling; “no one treats my family this way”, shortly after this gun fire is heard inside the facility. 9-1-1 receives reports of an individual shooting indiscriminately on one of the wings at your facility. Staff and residents begin fleeing from the area and disperse in all directions and upon arrival, law enforcement neutralizes the shooter while attempting to flee the scene. There are a number of wounded, some in critical condition. Media outlets have begun showing videos and spreading misinformation about the shooting

**After Action Report / Hot Wash:** The Hot Wash/AAR allowed an opportunity to solicit stakeholder feedback and collect response data to validate processes that worked and identify areas of improvement for processes that were not effective and provide recommendations to enhance these areas. These identified strengths, areas for improvement and suggested corrective actions are captured in this After-Action Report (AAR) and associated Improvement Plan (IP) Matrix.

List of participating agencies:

Lake View Health Center	
Hillview Health Care Center	
Riverside	
Prairie Mason	
Bethany St. Joseph's	
Morrow Home Community	
Onalaska Care Center	
Gundersen Tri County Hospital	
Region 4 Healthcare Emergency Readiness Coalition	
Gundersen Tri County Care Center	
Rolling Hills Senior Living Center	



## Analysis of Incident Core Capability Performance

Aligning incident objectives and core capabilities provides a consistent taxonomy for evaluation that transcends individual events to support preparedness reporting and trend analysis. Table 1 includes the incident core capabilities with associated overall performance ratings (P, S, M) as evaluated in the event after action debriefing.

**Table 1-Summary of Core Capability Performance**

Core Capability Performance	Rating
<b>Operational Communications</b>	<b>S</b>
<b>Operational Coordination</b>	<b>S</b>
<b>Public Information &amp; Warning</b>	<b>S</b>
<b>Resident Evacuation &amp; Accountability</b>	<b>S</b>
Ratings Definitions	
<ul style="list-style-type: none"> <li>• <b>(P):</b> The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s).</li> <li>• <b>(S):</b> The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. However, opportunities to enhance effectiveness and/or efficiency were identified.</li> <li>• <b>(M):</b> The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s), but some or all of the following were observed: demonstrated performance had a negative impact on the performance; contributed to additional health and/or safety risks; and/or was not conducted in accordance with applicable plans, policies or procedures.</li> </ul>	

### Core Capability: 1. Operational Communications

**Description:** Ensure the capacity for timely communications in support of security, situational awareness, and operations by any and all means available, among and between affected organizations that are impacted by the event and all response agencies.

**Analysis and Key Observations:** A lot of great cross talk and problem solving by participants. Facilities had different means of alerting 9-11, all participants agreed that quick reaction in calling 9-11 was critical to survival of many that would be in the path of the shooter. The HERC could be utilized as a communications and coordination platform, as the HERC is detached from the incident site and can perform many of the needed tasks to support the operations at the affected facility. If the shooter was seen outside the facility most of the facilities would make an announcement over the paging system throughout the facility to alert staff and residents to lock themselves in their rooms. Some facilities had not considered the incoming staff and how to alert them of the potential danger; however, further discussion noted that posting on social media and a mass texting to employees could be a short-term solution until a more permanent solution is determined. It was determined critical that the facility and law enforcement needed to maintain close ties throughout the process to ensure a unified message was being put out. The need to identify a public information officer is very important as this person will be the face of the facility as it addresses the media throughout the event. Social media is an area that some facilities see as a weakness to manage and oversee, further work is needed to address this area. It should be noted that Wisconsin DHS needs to be notified as soon as realistically possible as the situation allows.



**Strength(s):** Very good collaboration between all. Utilizing the HERC as a communication tool for other organizations in the coalition will greatly enhance the alert process and remove much of the burden of communicating and later coordinating for potential resident evacuation operations. Participating organizations had the right people attending, this discussion should be included in future exercise and facility discussions. Most of the participants have a list of critical agencies to call for support, validating these lists is important to maintain a current and accurate list.

**Recommendation(s):** Need to improve alerting and notification process so all get familiar with how this will be done, need to practice this more often. Verify contact lists as they maybe out dated, the same would be for MOUs the facility may have. Develop a good communications plan for internal and external messaging. This should include social media and altering staff and family members of an emergency at the facility. Good communication builds trust among family members and the community. Rehearse plans for events such as this and incorporate training for all staff, new or staff that has been for a long period of time. Conduct round table discussions for situations such as this.

## **Core Capability: 2. Operational Coordination**

**Description:** Establish and maintain a unified and coordinated operational structure and process that appropriately integrates all critical stakeholders and supports the execution of appropriate actions that supports a desired outcome.

**Analysis and Key Observations:** Many of the facilities reported that they had good coordination within their organization. Staff is engaged and willing to support whatever is needed during events such as this. It is critical for a facility to establish as quickly as possible their incident command structure to address the complex situation as it lies before them. The HERC again was identified to be a key precipitant in the coordination of many facets of an emergency situation. Coordination with many different agencies will take strong leadership as well as an active and responsive incident command staff. Although, not all facilities felt that they could stand up an IC when needed, this was identified to be a potential lagging capability during off peak hours such as night shift, holidays and weekends. Facilities do have points of contact to reach out for additional resources, verifying these lists will be important to ensure that these points of contact are accurate. Knowing who to reach out to is as important as having a list, future discussions will be needed to review and update contacts list as needed. Reviewing current plans for many different facets will be critical to success for any organization; an example is evacuation. Rehearsing this process will provide for a smooth and confidence boosting quality in staff, residents and their families should the need arise.

**Strength(s):** Staff awareness of leadership and who they are at all times and who to notify for emergency situations was deemed a strength by many. This will only be reinforced with training and rehearsals during the course of the year. When active shooter training was conducted at facilities, staff was fully engaged and very interested in this. A recommendation would be to periodically conduct this training or conduct table top discussions surrounding these situations. Staff will see this as confidence boosting and allowing the staff to provide input will only encourage them perform better in their assigned duties. Good policies, procedures and plans were identified as a strength for the organizations. Organizations were open to the idea of sharing



ideas, documents and best practices during the many discussion periods throughout the exercise. Some of the organizations reflected on the fact they have good evacuation plans based on the multiple evacuation exercises that have been conducted in the past few years.

**Recommendation(s):** The need to include everyone in the notification process was reiterated, some feel that not all staff are alerted during the initial response phase of such an event. It was mentioned that some staff maybe coming to work and walk into the middle of the event taking place, therefore putting staffing into harm's way. Developing ways and means of alerting the entire campus of an event taking place somewhere on campus is critical. Some facilities do not have a announcing system that goes throughout the campus and therefore potentially putting other residents and staff in the a dangerous situation. Further discussions need to take place amongst the various organizations in order to address this, this will take some time and additional funds may need to be allocated to address this. For all future training and/or exercises such as this will need to be scheduled and planned for, this is the only way to ensure success during emergency situations, it becomes muscle memory when it comes to response. If active shooter training has not been conducted at a facility, consider coordinating this to ensure the safety and security of your staff and residents

### **Core Capability: 3. Public Information and Warning**

**Description:** Review plans, policies, and procedures that support public information needs, to ensure the delivery of coordinated, prompt, reliable, and actionable information to the whole community both during and in the aftermath of an incident.

**Analysis and Key Observations:** As the event is in it's initial stages, warning staff, residents, and family members of the situation is the most critical. These warnings are for both those inside and outside the facility. Social media will play an ever more important role in the future as a way of alerting staff and families that there is an emergency at the facility with instructions of what to and not to do as the event unfolds. It will be important to provide correct, timely and frequent information to the public and staff as the event progresses. Collaborating with law enforcement to ensure a unified message is being put out will be important, as this will demonstrate to the public that the facility and law enforcement are working closely to provide the most accurate and timely information as the situation allows. Identifying a public information officer (PIO) for the facility is important, this must be followed up with training and practice. Not only with the PIO be a focal point during situations such as these, but must also be consulted when posting things on social media, again to ensure a unified message is be relayed to the public. Coordinating ahead of time with local county public health to better understand the <sup>1</sup>2-11 platform and how it works would be a good source of support during such an event.

**Strength(s):** Many of the organizations felt that they currently have an effective way of alerting families and staff about emergency situations that are taking place at the facility in a rapid manner. An external contact list facilities have was referred to again as an effective way of alerting and warning outside agencies there is an emergency situation ongoing. Alerting the HERC Coordinator so that he can alert as many in the region as possible and posting an alert in

---

<sup>1</sup> <https://211wisconsin.communityos.org/whatis211>



EMResource could be the most effective way of spreading the word around the region and preparing regional partners of a potential surge situation.

**Recommendation(s):** Ensuring staff, families, regional partners and media are getting the same information and ensure it is clear and concise. If not, this could lead to confusion and loss of credibility to the facility. Review and update staff personnel records for contact info as well as any data that would be needed if someone is hurt or worse on the job due to an active shooter. The administrative personnel should be tasked to review and update this data. The need for PIO and social media support was noted as some of the facilities do not have this capability and during times of emergency situations, staff may not be able to support such duties. Alternate sources of support should be explored ahead of time to reduce the need for internal staffing support, or at least redundancy built into the internal plan for such needs. Additional exercises were noted for this type of scenario, this training event should become a regular item on future training calendars. PIO training is something that needs to be included on future training schedules for facilities and consider mock briefings to staff and others to fine tune media presentations. Utilize the HERC for warning and alerts for the region, alerts can be posted in EMResource to notify many in the region that an emergency event is ongoing.

#### **Core Capability: 4. Resident Evacuation, Tracking & Accountability**

**Description:** Discuss plans and policies designed to provide track resident movement or accountability as they are transferred to other facilities during evacuation purposes.

**Analysis and Key Observations:** As the situation allows, staff would begin to take accountability of all residents in the facility. This would require cooperation and coordination with law enforcement to ensure that the situation was safe and that staff would be allowed to enter the scene to retrieve and account for missing residents. It was determined that staff accountability could be done by the department leads to ensure that all staff was accounted for or if administrative procedures needed to be started, they could be, i.e., notification of next of kin. It was discussed that many of the facilities had conducted evacuation procedures during previous exercises with other facilities, it was felt that this was a strength, but reinforcement for continued rehearsals would be important. The practice of MOUs for movement of residents was discussed as many have these in place and would be utilized in the event that evacuation would become necessary. Many of the participants did mention they had good policies and procedures in place for such a situation and their tracking/accountability was in place.

**Strength(s):** As noted previously, many of the participants stated they had a good tracking system when transferring, evacuating residents out of the facility. This leads to good accountability when in the evacuation process. Accounting for the residents and staff as the situation allows is a priority for all, this too would be coordinated with law enforcement to ensure the scene was safe and any concerns by residents could be alleviated with the cooperation with the staff and law enforcement. The use of MOUs for evacuating residents are in place and will be utilized for quick and efficient transfer of residents to temporary facilities until everyone is allowed to return. Most everyone stated they had good policies and procedures in place to address the evacuation, tracking and accountability for all residents. Most all agreed this is an ongoing process to ensure these documents are up to date.

**Recommendation(s):** Although much of the policies, procedures for tracking and accountability is focused on the residents, concern was raised that staff often times did not receive as much attending for this. More focus should be placed on staff after such event to ensure all are accounted for and no one is missed or forgotten about. The use of MOUs is a good idea, but only as good as they are current. Discussion about updating various MOUs to ensure the points of contact are current and accurate was touched upon and recommendations to validate these MOUs should be followed up on. By not having good staff accountability, reduces your chances of getting your incident command up and running in a timely manner is greatly reduced. If a significant amount of time is used searching for staff members, this will take away from the next phase of operations, establishing your incident command and potentially requiring law enforcement to participate in searching for unaccounted for staff. Practicing staff accountability should be added to the facilities policies, procedures, and training schedule whenever possible. To ensure successful resident tracking, a suggestion to utilize the HICS 260 - PATIENT EVACUATION TRACKING FORM, Appendix B, to help ensure that all residents transferred from the affected facility are accounted for and to ensure that documents, belongings, medications, and equipment is accompanying the resident.

Exercise Sponsor: Wisconsin Healthcare Emergency Readiness Coalition, Region 4  
Point of Contact: Loren Klemp, Region 4 HERC Coordinator  
608-751-0698  
[loren.klemp@gmail.com](mailto:loren.klemp@gmail.com)



## Appendix A - Improvement Plan (IP)

This IP has been developed specifically for HERC Region 4 based on the response to the Long-Term Care Active Shooter TTX; 14 December 2022

Core Capability	Recommendations	Primary Responsible Organization	Target Completion Date
<b>Operational Communications</b>	Utilize the HERC for a wide area coverage	LTC Facilities & HERC	March 2023
	Improve alert notifications for staff	LTC Facilities	March 2023
	Verify/Validate current MOUs to ensure up to date	LTC Facilities	March 2023
	Incorporate more drills and exercises into facility training plans to reinforce processes	LTC Facilities	March 2023
	Conduct round table discussions to garner staff input	LTC Facilities	March 2023
<b>Operational Coordination</b>	Improve or develop a means of alerting the entire campus of such an event	LTC Facilities	March 2023
	Incident command training for select individuals and define roles and responsibilities	LTC Facilities	March 2023
<b>Public Information &amp; Warning</b>	PIO & social media training for emergency events	LTC Facilities & HERC	June 2023
	Review of staff administrative records to ensure accurate information is contained in their records for emergency situations	LTC Facilities	March 2023
<b>Resident Evacuation, Tracking &amp; Accountability</b>	Staff accountability after major events	LTC Facilities	March 2023
	Ensure that MOUs are updated and viable	LTC Facilities	March 2023
	For resident tracking, utilize a tracking form to ensure 100% accountability, see appen. B for sample	LTC Facilities	March 2023



# APPENDIX B - HICS 260 - PATIENT EVACUATION TRACKING FORM



HICS-260-Patient-Evacuation-Tracking-Form

# HICS 260 - PATIENT EVACUATION TRACKING FORM

<b>1. Date</b>		<b>2. From (Unit)</b>	
<b>3. Patient Name</b>		<b>4. DOB</b>	<b>5. Medical Record Number</b>
<b>6. Diagnosis</b>		<b>7. Admitting Physician</b>	
<b>8. Family Notified</b> <input type="checkbox"/> YES <input type="checkbox"/> NO   NAME: _____   CONTACT INFORMATION: _____			
<b>9. Mode of Transport</b>		<b>10. Accompanying Equipment (check those that apply)</b>	
<input type="checkbox"/> Hospital Bed <input type="checkbox"/> Gurney <input type="checkbox"/> Wheelchair <input type="checkbox"/> Ambulatory <input type="checkbox"/> Other:		<input type="checkbox"/> IV Pump(s) <input type="checkbox"/> Oxygen <input type="checkbox"/> Ventilator <input type="checkbox"/> Chest Tube(s) <input type="checkbox"/> Other:	
		<input type="checkbox"/> Isolette/Warmer <input type="checkbox"/> Traction <input type="checkbox"/> Monitor <input type="checkbox"/> A-Line/Swan <input type="checkbox"/> Other:	
		<input type="checkbox"/> Foley Catheter <input type="checkbox"/> Halo-Device <input type="checkbox"/> Cranial Bolt/Screw <input type="checkbox"/> Intraosseous Device <input type="checkbox"/> Other:	
<b>11. Special Needs</b>			
<b>12. Isolation</b> <input type="checkbox"/> YES <input type="checkbox"/> NO   TYPE: _____   REASON: _____			
<b>13. Evacuating Clinical Location</b>		<b>14. Arriving Location</b>	
ROOM #	TIME	ROOM #	TIME
ID BAND CONFIRMED BY:	<input type="checkbox"/> YES <input type="checkbox"/> NO	ID BAND CONFIRMED BY:	<input type="checkbox"/> YES <input type="checkbox"/> NO
MEDICAL RECORD SENT	<input type="checkbox"/> YES <input type="checkbox"/> NO	MEDICAL RECORD RECEIVED	<input type="checkbox"/> YES <input type="checkbox"/> NO
BELONGINGS	<input type="checkbox"/> WITH PATIENT	BELONGINGS RECEIVED	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> LEFT IN ROOM <input type="checkbox"/> NONE		
VALUABLES	<input type="checkbox"/> WITH PATIENT	VALUABLES RECEIVED	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> LEFT IN SAFE <input type="checkbox"/> NONE		
MEDICATIONS	<input type="checkbox"/> WITH PATIENT	MEDICATIONS RECEIVED	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> LEFT ON UNIT <input type="checkbox"/> PHARMACY		
<b>PEDS / INFANTS</b>		<b>PEDS / INFANTS</b>	
BAG/MASK WITH TUBING SENT	<input type="checkbox"/> YES <input type="checkbox"/> NO	BAG/MASK W/ TUBING RCVD	<input type="checkbox"/> YES <input type="checkbox"/> NO
BULB SYRINGE SENT	<input type="checkbox"/> YES <input type="checkbox"/> NO	BULB SYRINGE RECEIVED	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>15. Transferring to another Facility / Location</b>			
TIME TO STAGING AREA		TIME DEPARTING TO RECEIVING FACILITY	
<b>Destination</b>			
TRANSPORTATION	<input type="checkbox"/> AMBULANCE #	AGENCY	<input type="checkbox"/> HELICOPTER <input type="checkbox"/> OTHER
ID BAND CONFIRMED	<input type="checkbox"/> YES <input type="checkbox"/> NO	BY	
DEPARTURE TIME:			
<b>16. Prepared by</b>			
PRINT NAME: _____		SIGNATURE: _____	
DATE/TIME: _____		FACILITY: _____	



**Purpose:** Detail and account for patients transferred to another facility  
**Origination:** Inpatient/Outpatient Unit Leader or Casualty Care Unit Leader  
**Copies to:** Patient Tracking Manager, Medical Care Branch Director, evacuating clinical location, and Documentation Unit Leader



## HICS 260 - PATIENT EVACUATION TRACKING FORM

- PURPOSE:** The HICS 260 - Patient Evacuation Tracking Form documents details and account for patients transferred to another facility.
- ORIGINATION:** Completed by the Operations Section as appropriate: the Inpatient Unit Leader, the Outpatient Unit Leader, or the Casualty Care Unit Leader, depending on where the identified patient is located.
- COPIES TO:** The original is kept with the patient through actual evacuation. Copies are distributed to the Patient Tracking Manager, the Medical Care Branch Director, the evacuating clinical location, and the Documentation Unit Leader.
- NOTES:** The information on this form may be used to complete HICS 255, Master Patient Evacuation Tracking Form. Additions or deletions may be made to the form to meet the organization's needs.

NUMBER	TITLE	INSTRUCTIONS
1	Date	Enter the date of the evacuation.
2	From	Enter the Unit the patient is leaving from.
3	Patient Name	Enter the patient's full name.
4	DOB	Enter the patient's date of birth (DOB).
5	Medical Record Number	Enter the patient's medical record number.
6	Diagnosis	Enter the primary diagnosis/diagnoses.
7	Admitting Physician	Enter the name of the patient's admitting physician.
8	Family Notified	Check yes or no; enter family contact information.
9	Mode of Transport	Identify mode of transportation needed.
10	Accompanying Equipment	Check appropriate boxes for any equipment being transferred with the patient.
11	Special Needs	Indicate if the patient has special needs, assistance, or requirements.
12	Isolation	Indicate if isolation is required, the type, and the reason.
13	Evacuating Clinical Location	Fill in information and check boxes to indicate originating room and what was sent with the patient (records, medications, and belongings).
14	Arriving Location	Fill in information and check boxes to indicate patient's arrival at the new location and whether materials sent with the patient were received.
15	Transferring to another Facility / Location	Document arrival and departure from the staging area, confirmation of ID band, and type of transportation used.
16	Prepared by	Enter the name and signature of the person preparing the form. Enter date (m/d/y), time prepared (24-hour clock), and facility.