

# **HERC Region 4 LTC Indoor Chemical Leak TTX AAR**

## **Summary of Findings and Improvement Plan**



*Emergency Readiness Coalition*

**December 12, 2023**

**Name:** HERC Region 4 LTC Indoor Chemical Leak TTX

**Date/Location:** 12 December 2023, Virtual & Meadowbrook Black River Falls

**Incident Hazard or Threat:** Indoor Chemical Leak

**Incident Summary:** It has come to the attention of the leadership that a “deep cleaning” of the facility is needed. A cleaning crew is hired and is working in your facility, when they mix the wrong chemicals together causing a noxious fume. Some staff are beginning to complain about the fumes and some have even complained about dizziness. Families of residents visiting begin complaining about the fumes as well. Some staff may not be familiar with the facility policies and procedures that address this situation. It is the weekend and staffing is limited and currently no residents have become ill. Eventually, some cleaning crew members have been found unconscious due to the fumes. Concern is growing as not all residents have been accounted for, could they could be near the area being cleaned. Some staff and residents begin to exhibit signs breathing distress. Some residents are sitting in their chairs and are unresponsive and chemical alarms are now going off in the facility.

**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	
Meadowbrook – Black River Falls	
Region 4 Healthcare Emergency Readiness Coalition	

## 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 Objective Performance**

Objective Performance	Rating
<b>Critical Decision Making</b>	<b>S</b>
<b>Evaluation of the Organizations Emergency Operations Plan</b>	<b>S</b>
<b>Internal &amp; External Assistance Coordination</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>	

### Objective: 1. Critical Decision Making

**Description:** Critical decision-making involves systematically gathering and evaluating information to make a decision. It requires finding the best available information and organizing it, then thinking through the options to determine the optimal choice given the circumstances.

**Analysis and Key Observations:** The participants all demonstrated their capabilities and critical decision making processed throughout the exercise. Policies and procedures are documented and this played well into the fact that some of the facilities had new personnel and all would refer to the known leadership and, in the event, those key personnel were not present that staff knew what steps to take to obtain key decisions during a significant event. During various scenarios, the leadership that was participating, without hesitation, provided a detailed explanation of how each of their processes would work, even though many of them were similar to each other. It was noted that some staff are new and that other staff were in the process of being hired, so continued training and additional exercises would be needed and welcomed to ensure that all the staff, recent and long standing, would be familiar with the required tasks and operations should the need arise.

**Strength(s):** Current leadership is a strength for each of the participating facilities. Emergency plans are current, but should always be updated whenever possible, especially following training exercise and real events. Leadership is accessible during significant events, or designated leaders are identified and staff is informed of the new leadership chain of command should the need arise. Staff at all levels are willing to learn their roles and support where needed during any kind of situation to ensure the safety of the residents and fellow staff members. During this exercise, key

leaders demonstrated their ability to conduct critical decision making when needed, thus a strength for themselves and the facility.

**Recommendation(s):** Ensure that all new leadership become familiar with evacuation plans and other aspects of the facility EOP. Suggestion to conduct follow on drills and exercises for each facility to ensure leadership and next level of leadership can be familiar and tested in their critical thinking abilities. Mentoring of up-and-coming leaders is strongly recommended with routine table top discussions to expose and provide an opportunity for junior leaders to develop, learn and grow. For future exercise, allow the junior leaders to take the lead and allow them to make the critical decisions when needed. Seek out additional subject matter experts that could assist during times of critical needs.

## **Objective: 2. Evaluation of the Organizations Emergency Operations Plan**

**Description:** The emergency operations plan (EOP) details what the facility or agency will DO during a disaster (incident command implementation, command center location and activities, specific plans by department, etc.). This plan should be developed as an all-hazards plan, and should integrate with local EOPs for information sharing and resource requests. Individual plans may also include specialty annexes for incidents such as shelter in place, evacuation, chemical incidents, fire, or infectious disease outbreaks, etc.

**Analysis and Key Observations:** Many of the facilities reported that their plan allowed for good coordination. Staff were engaged and willing to support whatever is needed during events such as this. It is critical for a facility to establish situational awareness as quickly as possible to address the complex situation, some identified establishing an emergency operations center (EOC) as per their plan. Some of the facilities that have worked with the coalition in the past, identified the HERC to be a key precipitant in the execution of their EOP. It was noted by all participants that their current EOP was good, but could always use improvements and updating. One facility had not exercised their EOP for a very long time and during the course of the exercise, 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 EOP for complex events will be critical for 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. Staff knew where the plans are kept and are available at any time for review and discussion. 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 to 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.

**Recommendation(s):** Some facilities did not seem familiar with or felt they could not stand up an EOC, training for familiarity should be arranged in order to gauge whether a facility could operate an EOC or something similar to find the need. Facilities should verify any and all lists for resources they have to ensure the points of contact and emergency resources are relevant and available should the need arise. For all future training and/or exercises such as this, 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 staff is not comfortable with the processed currently in place and the evacuation process has not been conducted for a considerable amount of time, consider coordinating this to ensure the safety and security of your staff and residents. Get to know your county agencies and what capabilities they can provide and support with during an emergency, these assets could become part of your EOP. Ensure that new staff become familiar with the plan and any updates as they are added.

### **Objective: 3. Internal & External Assistance Coordination**

**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 was mentioned in previous sections of this report, review of plans, policies and procedures is critical for all agencies. It was stated by one agency that indoor chemical leaks/spills was not noted and they need to add this in, this is why we conduct such exercise to discover the gaps in current plans. 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. Participating in a joint information center, run by an outside agency, I.e., fire, law enforcement, etc, to ensure a unified message is being put out will be important, as this will demonstrate to the public that the facility and first responders are working closely to provide the most accurate and timely information as the situation allows. Ensure a public information officer (PIO) for the facility is trained and capable of performing the duties of the PIO. 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):** The participating organizations felt and demonstrated they had an effective means of coordinating assistance when needed. Currently staff is familiar with each other and have a routine of collaborating and coordinating for needs and sharing of information. A reminder that this needs to be continued during stressful times of significant events, so practice makes perfect.

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

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 of facilities was referred to again as an effective way of alerting and warning outside agencies that an emergency is ongoing. Alerting the HERC Coordinator so that he can alert as many in the region as possible and posting an alert in 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):** Review of MoA/MoUs should be confirmed or remade to ensure critical needs and assets are available when needed during times of emergency situations. Continue to recognize that the county has assets that can be used and can be a great source of assistance when needed. The need for PIO and social media support was noted as some of the facilities do not have this capability internally, but will rely on corporate level to support this operation. Ensuring of 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. Alternate or additional sources of support should be considered to at least build redundancy 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 participation should be something that should be considered being added to future training exercises 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. Review of shelter in place policies in the event a scenario such as this is external and internal to a facility. How would things be conducted differently, what decisions would be made and how would you obtain current situational information to pass along to staff and families.

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## Appendix A - Improvement Plan (IP)

This IP has been developed specifically for HERC Region 4 based on the response to the Long-Term Care Indoor Chemical Leak TTX; 12 December 2023

Core Capability	Recommendations	Primary Responsible Organization	Target Completion Date
<b>Critical Decision Making</b>	Utilize the HERC for a wide area coverage	LTC Facilities & HERC	March 2024
	Select staff training for critical thinking & decision-making algorithms	LTC Facilities	March 2024
	Verify/Validate current MOU/MOAs to ensure they are up to date	LTC Facilities	March 2024
	Collaborate with other facilities to garner best practices and incorporate into facility policies and plans	LTC Facilities	March 2024
	Conduct round table discussions to garner staff input & confidence	LTC Facilities	March 2024
<b>Evaluation of the Organizations Emergency Operations Plan</b>	Incorporate regular drills and exercises into facility training plans to reinforce processes	LTC Facilities & HERC	Ongoing
	Conduct training for select individuals and define roles and responsibilities & review lessons learned from previous events & trainings	LTC Facilities	March 2024
	Provide staff training for all on a regular basis, include with “onboarding” for new staff	LTC Facilities	Ongoing
<b>Internal &amp; External Assistance Coordination</b>	Verify/Validate current MOU/MOAs to ensure they are up to date	LTC Facilities	March 2024
	Ensure contact lists for critical organizations is current; i.e., county EM and PH departments, local hospital	LTC Facilities	March 2024
	Conduct “walk throughs” with local first responders to ensure they understand facility layout and key personnel	LTC Facilities	March 2024