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| **LTC & Home Health Table Top Exercise – After Action Report** | December 162021 |
| Loren Klemp, Region 4 Coordinator Report Completed: December 23, 2021 | Region 4 LTC |

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EXPLANATION OF TERMS

*Terms:*

AAR After Action Report

EOP Emergency Operations Plan

IC Incident Command

TTX Table Top Exercise

MOA Memorandum of Agreement

MOU Memorandum of Understanding

EM Emergency Manager/Management

PH Public Health

INTRODUCTION

*The time frame for the exercise was July. Exercise participants are faced with a situation where a severe storm and tornado moved into the area bringing with it high winds, heavy rain and tornados. All facilities were to discuss their procedures prior to a storm hitting and what actions were taken after a tornado hit. Each facility had the opportunity to discuss with their staff and other facilities procedures currently in their emergency preparedness plans and exchange information with others to gain best practices other facilities have that could be adapted into their plans. In Module 1 each participant discussed how they would prepare for an impending storm that was reporting heavy rain, high winds and tornados in the neighboring state. This provided them focus on what to expect once the storm arrived in their particular area. No one facility was the target, but rather all had to face the same situation.* In Module 2, again, each facility discussed the steps taken when their facility was struck by the tornado causing damage and what decisions would need to be made if the facility would have to be evacuated. If no evacuation, what steps would be taken to shelter in place.

Sequence of events:

***Module 1***

*Severe storms began passing through the upper Midwest in early July causing major power outages to many communities. By July 9 the storms grew into severe weather producing tornados across eastern MN.*

 *Updates from the power companies indicate they cannot provide an exact timeframe when full electrical service will be back online. In general, initial reports from the hospitals in the southern portion of the region indicate “manageable” shortages of critical supplies, in particular for surgery, obstetrics, intensive care, emergency room, and pediatrics. Due to power restoration in these areas, resources have begun to arrive. The northern portion of the region, hospitals remain very limited on what they can do due to limited critical supplies.*

*Families of residents could be calling about the impending weather with concerns. New staff are not familiar with the facility severe weather policies and procedures. No severe weather has hit the region as of now.* *The patient census for your patients is what you have today.*

*Questions for Participants*

* *What actions would your organization take at this time?*
* *What are the critical resident care issues that could result from this scenario?*
* *How does implementing the facility(s) shelter-in-place plan impact staffing resources?*
* *Will the facility be on shelter-in-place status and what plans are implemented? Who in your facility would activate this/these plan(s)?*
* *What plans does the facility have to obtain supplies during shelter-in-place operations?*
* *What is the most critical system of concern to ensure the facility maintains the capability to shelter in place?*
* *Does your facility have procedures to monitor environmental issues (bio waste disposal) and water safety?*
* *Does your facility have a plan and back up (redundant) communication systems to maintain communications with off-site facilities/organizations and County EOC? Are key personnel adequately trained to use these redundant communication systems? Is this equipment accessible and able to rapidly put into use?*

***Module 2***

*The storms grew into severe weather producing tornados prior to crossing into western WI. Your facility has sustained significant damage causing you to consider evacuation. Power is still out, regional flooding is now a concern, most EMS agencies are busy responding to 9-11 calls. Flooding in basement with raw sewage, fuel & water mixed. A large portion of the roof has been damage or blown off, additional bad weather moving in. Local Emergency Operations Centers have been activated to support response operations. The WROC has been activated to support response operations.*

*Land line phones not working, but cell phones are. Many off duty staff hit by storm, can’t make it for next few hours and local hospitals at max capacity due to tornado.*

*Questions for Participants*

*How do you determine whether or not to evacuate the facility and who makes this decision? How would you involve Fire, EMS and Law Enforcement?*

*Which staff will be responsible for organizing the evacuation?*

*Which staff will be responsible for assisting with the evacuation?*

*Who is responsible for making arrangements for where these residents will go?*

*What mutual-aid agreements (MAAs) or memoranda of understanding (MOUs) do you currently have in place that could be utilized for this response? Would mutual aid be requested at this point? If so, from whom?*

*How will you handle residents that are confused, wander off or don’t want to leave?*

*How will you notify the resident’s family members of the evacuation and where they are being sent?*

*What messages will you need to distribute to the community during this time? How will you distribute these messages and who will do this?*

**AFTER ACTION REPORT OVERVIEW**

This report is a compilation of information from the facilitator and participates in the Region 4 Long Term Care Table Top Exercise. The information was gathered by observations made during the exercise and feedback provided by the participants during various modules of the exercise.

The recommendations in this AAR should be viewed with considerable attention to the needs for providing safe care to residents. Each facility should review the identified corrections and determine the most appropriate action and time needed to address them.

***Incident Overview:***

*Exercise participants are faced with a situation where a severe storm and tornado moved into the area bringing with it high winds, heavy rain and tornados. All facilities were to discuss their procedures prior to a storm hitting and what actions were taken after a tornado hit. Each facility had the opportunity to discuss with their staff and other facilities procedures currently in their emergency preparedness plans and exchange information with others to gain best practices other facilities have that could be adapted into their plans.*

***Duration:***

*Startex was 1:00 pm*

*Endex was 3:30pm*

***Focus:*** *(Check appropriate area(s) below)****:***

🞏 Prevention

X Response

🞏 Recovery

X Other

**Objectives:**

* Recognize the critical decisions needed prior to an evacuation, as well as the decision points to make them and necessary equipment needed to evacuate the facility
* Recognize the strengths and weaknesses in the current evacuation plan and actions needed to incorporate them into current plans
* Identify individual facility needs for assistance in the event of an evacuation

***Activity or Scenario:*** *(Check appropriate area(s) below)****:***

🞏 Fire

X Severe Weather

🞏 Hazardous Material Release

🞏 Bomb Threat

🞏 Medical Emergency

X Power Outage

X Evacuation

🞏 Lockdown

🞏 Special Event

X Exercise/Drill

X Other – Shelter-In-Place

***Location:***

La Crosse County Administration Building, La Crosse, WI

***Participating Organizations:***

1. Marinuka Manor & Eden House

2. Bethany Riverside

3. Morrow Home

4. Lake View Health Center

5. Hillview Health Care Center

6. Norseland Nursing Home

7. Pigeon Falls HCC

8. Bethany St. Joseph Care Center

9. Onalaska Care Center

10. Prairie Mason

11. Mulder Health Care

10. Western WI Healthcare Emergency Readiness Coalition

EXERCISE SUMMARY

The exercise began at 1:00 pm after a slight delay due to connectivity with for the online participants. This TTX was conducted as a blended event, meaning in person and virtually due to the ongoing pandemic. The exercise was conducted in a two-phase event, Module 1 was seen as a warning phase with weather alerts being provided to the participants and with questions addressing what actions and procedures each organization would take to prepare for storm that was due to hit the region soon. Each facility was given the opportunity to discuss amongst themselves or with each other, their particular procedures for ensuring the facility, residents and staff were aware of the situation and what prepared should the worst happen. During this time, some good “best practices” were shared among some of the organizations and will be identified under the strengths section below.

The questions that are listed previously to this section were addressed by each of the participants and again, recommendations by others were shared and solutions to some concerns that were presented by some. What should be noted here, is that all of the participants were sharing information freely as well as making multiple offers to email lists, points of contacts or examples of successful documents some participants may not have.

In the second phase of the exercise, the scenario changed as now tornados have hit the area and each participant had to address how their facility would react to the situation. Some new considerations were addressed that some participants did not consider in the previous plans. One example is when calling to see if staff were able to come in and work at the facility after the storm had passed, the first thing that should be asked is; “Are you and your family alright?” This may seem trivial, but it was discussed that this will have lasting affects on the staff, sign of the organization does care about them. Each facility discussed how generator power is critical and maintaining that piece of equipment and ensuring staff know how to operate it if needed is important. It was also pointed out that we should attempt to gain some of the lessons learned from the recent tornados in Kentuky and what was successful for them and what was not. An example was used, and not thought of by any of the participants, was to put a mattress over the residents as they were lying bed. This will help reduce the injuries of the residents. Another mentioned that their practice is to use the tray table and put it over the mid-section of the resident, to help protect against their vital organs.

 The following sections help to identify the strengths and areas of improvement for each exercise participant. Evaluation forms and notes will be provided to each of the participants along with this report for their facilities improvement plan development and future training needs.

STRENGTHS

1. All participating organizations stated that their staffs were well informed and trained on emergency procedures for situation such as this. All stated that annual refresher training is a regular requirement in their facilities. Many stated that multiple procedural binders are stationed throughout the facility so access to these procedures is relatively easy and very accessible.

2. Another form of communication is the GETS card system for redundant communications. The Government Emergency Telecommunications Service (GETS) supports national leadership; federal, state, local, tribal and territorial governments; first responders; and other authorized national security and emergency preparedness (NS/EP) users. It is intended to be used in an emergency or crisis situation when the landline network is congested and the probability of completing a normal call is reduced. The Government Emergency Telecommunications Service (GETS) provides NS/EP personnel priority access and prioritized processing in the local and long-distance segments of the landline networks, greatly increasing the probability of call completion. There is no charge to subscribe to GETS; the only charge for GETS is usage.

3. Use of hotels for shelter if an evacuation is required. Once a determination is made that an evacuation is required for the safety of the residents, it was discussed that communication with the county EM or PH should be made and request for housing, such as a hotel. This is a page taken out of the playbook for the pandemic when local county public health departments coordinated the use of hotels for individuals that had contracted the virus, yet had no place to go to recover and not continue to spread the virus. Many area hotels were utilized for this, thus using the same concept to support an evacuation. It will be critical to coordinate with the county for facilities like this in order to deconflict any duplication of use of facilities. It was also stressed that coordination with the county EM for transport of residents to a hotel or other locations is important, as the county EM does have capabilities or connections to transport assets.

4. Should no hotels be available; another concept is to coordinate with other facilities for bed space. To potentially identify where to look, it was suggested that base the locations off current staff home of record. This was staff could remain at home and still care for residents at a different facility. As currently the case, many skilled nursing facilities do not have enough staff to take on additional residents. By providing staff to go along with the residents, this is seen as beneficial to both parties. This was a concept that seemed to be very welcomed by many of the participants.

AREAS OF IMPROVEMENT

1. Even as stated in the previous strengths section, new staff are unknowns when it comes to how they might handle a situation such as this. All seemed confident that with the annual training staff would be familiar with the proper procedures, but until they are observed in a real situation some concerns will remain.

2. Most of the participants seemed confident of their knowledge that the medication room would remain on power as that is part of the back up generator system. A few participants were unsure and will now make it a priority to verify this information. The concern with the medication room is the refrigerators/freezer located in that room. Should the power go out and not power is available for the refrigerators/freezer, this could cause many of the medications to spoil. If the storm is bad enough, it would be unsure if additional medications could be obtained in a timely manner, thus creating a situation putting someone’s life in danger.

3. A concern was raised with participants they are unsure if the county emergency management personnel would even consider checking on them after such an event. To address this, it was suggested that LTC engage with the county personnel on other topics that are not an emergent situation. This might cause the county staff to keep LTC facilities in their considerations when checking on organization after a storm that causes a great amount of damage. Some examples might be; inviting them to more exercises such as this event, engaging with the county EM about what assets they might have, such as transport or personnel to assist with the evacuation. The ideas could be limitless, but the intent remains each should engage with the county EM to ensure they are not forgotten about during times of need.

4. Reviewing current MOU’s and MAA’s each organization has. Some of these documents are utilized on a semi frequent basis, but not all of them are. A recommendation to review all such documents to ensure they are still valid requests and they the contact person on each of the agreements is still current.

RECOMMENDATIONS

Based on the feedback from the staff participating in this exercise, a strong recommendation is to continue to refine lessons learned and begin preparing the next exercise with these lessons incorporated. With this being the first big exercise that included 11 LTC agencies throughout the region, many take a way’s have been identified for improvement. It was noted that a facility will need to have a resident tracking board to maintain visibility of all residents coming and going during an emergency. Clear and concise information about who and how many residents will be transferred to what location is critical for their safety.

Engagement with other local emergency agencies is critical to ensuring the safety of the residents in your charge. Validate all MOU/MOA’s currently in your files and evaluate what else can be coordinated for. Do not forget to include county assets such as public health, emergency manager, they will have capabilities and resources your organization will desperately need in an emergency, and remember other care organizations such as home health. Lessons can be taken from this engagement and shared with other LTC facilities. Most of all continue to participate in future exercise to improve your response and support others.

CONCLUSION AND NEXT STEPS

In conclusion, a continued sharing of lessons learned at internal staff meetings is highly encouraged, this will facilitate future training courses for a facility and promote confidence in staff and residents and their families. Develop a coordinated planning staff for future exercises that meet on a routine basis, the members of that work group will have the best interest of your community and have the insight on where the focus should be placed for the next exercise. The lessons learned during this exercise can be tested at the next functional exercise set for February 10, 2022. All will have the opportunity to refine and adjust practices and procedures as they see fit

Remember never stop learning and never stop improving.