|  |  |  |
| --- | --- | --- |
| Exercise/External Flooding during a pandemic, managing residents with behavioral concerns. After Action Report | May 21  2021 | |
| Gil Damiani Report Completed: 5/21/21 | | AzCHER So Region TTX |

Contents

[EXPLANATION OF TERMS 3](#_Toc390182215)

[INTRODUCTION 4](#_Toc390182216)

[AFTER ACTION REPORT OVERVIEW 4](#_Toc390182217)

[STRENGTHS 6](#_Toc390182218)

[AREAS OF IMPROVEMENT 6](#_Toc390182219)

[RECOMMENDATIONS 6](#_Toc390182220)

[CONCLUSION AND NEXT STEPS 6](#_Toc390182221)

[IMPROVEMENT PLANNING MATRIX 7](#_Toc390182222)

EXPLANATION OF TERMS

*Examples:*

AAR After Action Report

BH Behavioral Health

CMS Centers for Medicaid/Medicare

EPP Emergency Preparedness Program

EOP Emergency Operations Plan

FSX Full Scale Exercise

FW Fire Watch

HPP Hospital Preparedness Program

HSEEP Homeland Security Exercise Evaluation Program

HVA Hazard Vulnerability Assessment

ID Infectious Disease

IC Incident Command

ICS Incident Command System

IP Improvement Plan

MHOAC Medical Health Operational Area Coordinator

NHICS Nursing Home Incident Command System

NIMS National Incident Management System

OEM Office of Emergency Management

PIO Public Information Officer

TTX Table Top Exercise

INTRODUCTION

*The exercise was a quarterly regional table top exercise conducted by the Arizona Health Care Association and the annual TTX for the Western Region.*

Sequence of events:

Preceding the tabletop exercise, a 1.5 hour NHICS training was conducted to provide basic information relating to the incident command system and how it applies to long term care.

Residents were asked to bring emergency plans to the TTX so they could be referenced during the exercise.

Part 1

Participants are asked to use each facility participating residents census, staff, location and facility layout for the exercise. Scenario begins at 7:00PM with unprecedented rainfall for the past several months and the rain has been falling for the past 24 hours. Administrator is not at facility. Water is rising and about to intrude into the facilities low lying areas. Command Team is assembled and directed to conduct a planning meeting and determine a course of action. At this point Shelter in Place is recommended. Participants are asked to explain SIP procedures and explain other concerns relating to water intrusion and maintaining infection control procedures. Most participants/ locations have experienced some localized flooding were encouraged to share past flooding incidents and considered the scenario plausible.

Part 2

8:30 PM, rainfall continues and is now entering the facility, a staff member has experienced a mild electric shock while moving residents. Participants are asked to assess complications of flooding, resident noncompliance, electrical short as well as an equipment shortage due to vendor inability to deliver food, PPE, and Medicine. Also, the Fire Alarm system has lost power and a fire watch must be implemented citing regulations as to what constitute Fire Watch. Part 2 allows participants to consider options related to reducing spaces where residents can be kept, maintaining ID precautions and reassigning staff to FW.

Part 3

10:15 PM Decision has been made to evacuate. EMS is not available due to evacuation of a local hospital. Discussion on the details of evacuation procedures, who goes first, setting up a staging area and making contacts to move residents, having adequate staff to send with residents to the receiving facility. Discuss options to accomplish tasks related top evacuation. AzCHER MOU, PAACT and individual agreements and adequate staff to accomplish tasks.

AFTER ACTION REPORT OVERVIEW

This report is a compilation of information from participants in different work areas within 8 participating facilities. The scenario was plausible received well by attendees, presented options on who might be available to aid during times of need. Foothills brought enough participants to staff a full command team, the other participants paired up to create 3 multifacility command teams. All participants offered valuable insight to what services may or may not be available during a flood and some information to facilities maintenance on minimizing water damage during external flooding.

The recommendations in this AAR should be viewed with considerable attention to providing the needs for safety and care to residents and staff. Each facility should review the recommendations and determine the most appropriate action and time needed for implementation.

The issues outlined in this AAR will be addressed in the Improvement Plan and will list corrective actions to complete. This Improvement Plan will serve as a summary of the AAR and as a guide for corrective action over the course of the following year’s training program for staff.

***Incident Overview:***

***Duration: Training / Tabletop Ex lasted about 4 hours****]*

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

🞏 Prevention

X Response

🞏 Recovery

🞏 Other

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

🞏 Fire

🞏 Severe Weather

🞏 Hazardous Material Release

🞏 Bomb Threat

🞏 Medical Emergency

🞏 Power Outage

🞏 Evacuation

🞏 Lockdown

🞏 Special Event

X Exercise/Drill

X Other

***Location:***

***Pima County Public Health Abrams Bldg. 3959 S Country Club Rd Tucson.***

***Participating Organizations:***

*Foothill’s Rehabilitation (6), Brookedale Santa Catalina (2), Oro Splendido (3), Copper Health (1), Life Care Center of Tucson (1), Quiburi Mission (2), Santa Rosa (3), Archie Hendricks (3), AzCHER Southern Region manager (1)*

STRENGTHS

*List strengths*

After the session the group identified 3 areas, they felt were positives for the exercise

1. Participants noted that as the incident escalated and got more complicated delegation of responsibilities was critical and the ICS Teams did that early in the scenario.
2. While three of the four teams were made up of multi facility participants, a clear understanding of the roles and responsibilities of the ICS functions was familiar to participants and allowed working as a newly formed team much easier.
3. Presenting the scenario in 3 escalating parts helped participants discuss piece by piece some of the important issues needing attention.

AREAS OF IMPROVEMENT

*List Areas of improvement*

1. It was noted throughout the exercise and follow up discussion that the command team was discussing the objectives, strategies and tactics and decisions were being made as to who would carry out the tasks. There is somewhat of a disconnect at individual facilities as to an effective way to share ‘horizontally’ Situational Awareness with the staff outside the command team.
2. Many facilities talk about evacuation plans but rarely discuss the details of the plan example, the number of staff it takes to move a bariatric resident on O2, does one staff member accompany each resident to receiving facilities, where/how to setup a staging area for facility evacuation, what items must accompany residents that are being moved?

RECOMMENDATIONS

*Develop an organic communication system that facilitates normal information sharing between the different work areas within a facility and allows for communication to take place both horizontally and vertically.*

*Develop a detailed evacuation policy and procedure so all employees expected to carry it out are familiar with their role in carrying out the plan*

CONCLUSION AND NEXT STEPS

*The exercise went well, the group was engaged and very open to suggestions. Portions of this scenario had been conducted during previous exercises. Participants were very familiar with the unique characteristics of residents in the Behavioral Unit and how they may be affected by this incident. They stated they will include the suggestions noted in the areas of improvement.*