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| Exercise/External Flooding during a pandemic, managing residents with behavioral concerns. After Action Report | June 23  2021 | |
| Gil Damiani Report Completed: 6/24/2021 | | Arizona Health Care Association TTX |

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EXPLANATION OF TERMS

*Examples:*

AAR After Action Report

BH Behavioral Health

TCAT The Center At Tucson

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(er)

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

PAACT Post-Acute Accountability Covid Tracker

PIO Public Information Officer

SIP Shelter in Place

TTX Tabletop Exercise

INTRODUCTION

*The exercise was a requested tabletop exercise conducted by the Arizona Health Care Association for some of the AzCHER Central Region LTC/SNFs.*

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.

Attendees were asked to either bring a copy of their Emergency Plan or review the flooding and evacuation plan prior to the TTX for referencing during the exercise.

Part 1

Participants were asked to select facility, staffing and census for exercise information. 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. Also discussed, if the attendees’ facilities had the appropriate level of PPE to wear while working in water to prevent electric shock.

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 their respective facilities. The scenario was plausible received well by attendees, presented options on who might be available to aid during times of need. 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

X Flooding

🞏 Severe Weather

🞏 Hazardous Material Release

🞏 Bomb Threat

🞏 Medical Emergency

🞏 Power Outage

X Evacuation

🞏 Lockdown

🞏 Special Event

X Exercise/Drill

X Other

***Location:***

***Center at Tucson 5020 E. Glenn St. Tucson 85712***

***Participating Organizations:***

*Sagewood (2) North Chandler Place (3)Allegiant of Mesa (2) Allegiant of Phoenix (2) Maryland Gardens (2) Fountain View Village (1) Life Care Center of Paradise Valley (2) Haven of Scottsdale (1) The AzCHER Central Region Manager (1)*

STRENGTHS

*List strengths*

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

1. Several administrators shared best practices/procedures used during local incidents. Sharing information of types of communication systems available and in use in the health care industry. The information was useful for other facilities to hear.
2. The ICS information prior to helped attendees to better understand the roles within the command team.

AREAS OF IMPROVEMENT

*List Areas of improvement*

1. A comprehensive system when staff receive “continuing education” as it relates to emergency plans and procedures.
2. Attendees felt there might be a gap as to the process and method of sharing information vertically and horizontally throughout the organization during an actual incident. Who needs to get it and information shared in a timely manner for situational awareness incident progresses.

RECOMMENDATIONS

*Develop a schedule and set time to cover parts of the plan on a regular basis to be covered in a 12-month period.*

*Develop and practice a system for information sharing the meets the needs of each facility.*

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.*