Avera Explosion and Fire in Long Term Care

After-Action Report/Improvement Plan

September 18, 2018

The After-Action Report/Improvement Plan (AAR/IP) aligns exercise objectives with preparedness doctrine to include the National Preparedness Goal and related frameworks and guidance. Exercise information required for preparedness reporting and trend analysis is included; users are encouraged to add additional sections as needed to support their own organizational needs.

# Exercise Overview

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| --- | --- |
| **Exercise Name** | Explosion and Fire in Long Term Care |
| **Exercise Dates** | 18 September 2018 |
| **Scope** | This exercise is a Full-Scale Exercise, planned for 1330-1600 at Avera Brady Long Term Care in Mitchell. Exercise play is limited to Avera Brady, Avera Queen of Peace, Firesteel, Avera@Home, medical clinics in Mitchell, Dakota Counseling, Davita Dialysis, Avera Dialysis, Mitchell Fire Department/EMS. Mitchell Police Department, Search & Rescue, Davison County Sheriff, and Davison County Emergency Management. |
| **Mission Area(s)** | Response and Recovery |
| **Core Capabilities** | Access Control and Identity Verification  Operational Communications  Operational Coordination  Search & Rescue Operations  Environmental Response/Health and Safety  On-scene Security, Protection, and Law Enforcement  Public Information and Warning  Planning  Fire Management & Suppression  Public Health, Healthcare & Emergency Medical Services, including  Healthcare capabilities:   * Foundation for Healthcare & Medical Readiness * Healthcare & Medical Response Coordination * Medical Surge |
| **Objectives** | Accountability of all participants Successful communication with multiple agencies  Activation and use of Avera Brady’s Fire Plan and Evacuation Plan  AQOP Surge Plan  Firesteel Surge Response  Maintain environment of care for patients and residents currently at facilities  Establish HICS Command and General Staff  Containment of HAZMAT Scene safety and security  Recognition of the event  Knowledge of roles  Establish medical response  On sight Incident Management Accurate and timely release of information  Recovery and Termination of the event |
| **Threat or Hazard** | Fire, Smoke, Hazardous Chemicals, mass casualty, evacuation of elderly |
| **Scenario** | The Scenario utilized for this exercise is based on a high risk event occurring in Long Term Care |
| **Sponsor** | Avera, Davison County Emergency Management. |
| **Participating Organizations** | Avera Queen of Peace, Avera Brady, Avera@Home, Avera Dialysis, Davita Dialysis, Firesteel, all medical clinics in Mitchell, Dakota Counseling, Davison County EM, Mitchell Department of Public Safety, Davison County Sheriff’s Office, State Office of Emergency Management, Avera. |
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# Analysis of Core Capabilities

Aligning exercise objectives and core capabilities provides a consistent taxonomy for evaluation that transcends individual exercises to support preparedness reporting and trend analysis. Table 1 includes the exercise objectives, aligned core capabilities, and performance ratings for each core capability as observed during the exercise and determined by the evaluation team.

| Objective | Core Capability | Performed without Challenges (P) | Performed with Some Challenges (S) | Performed with Major Challenges (M) | Unable to be Performed (U) |
| --- | --- | --- | --- | --- | --- |
| Accountability of all participants | Access Control and Identity Verification |  | S |  |  |
| Planning meetings with all participants – establish relationships | Planning | P |  |  |  |
| Successful communication with multiple agencies | Operational Communications |  | S |  |  |
| Coordinate with healthcare & first responders | Operational Coordination | P |  |  |  |
| Response at facility, to include Avera Brady Fire and Evacuation Plans as well as MFD/EMS role | Fire Management & Suppression |  | S |  |  |
| Knowledge of Roles; AQOP Surge Plan, Firesteel Response Plan; Establish Medical Response; Maintain safe environment for current patients and residents at facilities | Public Health, Healthcare & Emergency Medical Services – healthcare capabilities – Medical Surge, Healthcare & Medical Response Coordination, and Foundation for Healthcare & Medical Readiness | P |  |  |  |
| On site incident management; both first responders and facility staff | Search & Rescue Operations |  | S |  |  |
| Recognition and containment of HAZMAT | Environmental Response/Health and Safety |  | S |  |  |
| Scene safety and security | On-scene Security, Protection, and Law Enforcement | P |  |  |  |
| Accurate and timely release of information | Public Information and Warning | p |  |  |  |
| Recovery and Termination of the event | Termination of event with discussion of actions and planning if this were a real event | p |  |  |  |
| **Ratings Definitions:**   * Performed without Challenges (P): 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. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws. * Performed with Some Challenges (S): 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. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws. However, opportunities to enhance effectiveness and/or efficiency were identified. * Performed with Major Challenges (M): 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 of other activities; contributed to additional health and/or safety risks for the public or for emergency workers; and/or was not conducted in accordance with applicable plans, policies, procedures, regulations, and laws. * Unable to be Performed (U): The targets and critical tasks associated with the core capability were not performed in a manner that achieved the objective(s). | | | | | |

Table 1. Summary of Core Capability Performance

The following sections provide an overview of the performance related to each exercise objective and associated core capability, highlighting strengths and areas for improvement.

### Objective #1: Accountability of all participants

The strengths and areas for improvement for each core capability aligned to this objective are described in this section.

### Core Capability: Access Control and Identity Verification

### Strengths

The full capability level can be attributed to the following strengths:

Strength 1: Rescued injured first and triaged/assisted as resources allowed.

Strength 2: Nursing staff verified residents present and immediately identified missing resident.

Strength 3: Incident command staff at both locations (ABrady and AQOP) responded immediately, AQOP went into lock down with security at doors; staff knew their roles at their respective agencies.

### Areas for Improvement

The following areas require improvement to achieve the full capability level:

Area for Improvement 1: Continue to work with EMS at future trainings.

Reference: EMS Trainings.

Analysis: Bringing several departments together will continue to have better results.

### Objective #2: Planning meetings with all participants – establish relationships

The strengths and areas for improvement for each core capability aligned to this objective are described in this section.

Core Capability: Planning

### Strengths

The full capability level can be attributed to the following strengths:

Strength 1: Held 3 planning meetings, representatives from each agency attended at least one, if not all 3 meetings.

Strength 2: Many are members of Davison County LEPC and meet regularly.

### Areas for Improvement

The following areas require improvement to achieve the full capability level:

Area for Improvement 1: Attend or send representative to all planning meetings.

**Area for Improvement 2:** Representative(s) carry back expectations of participation levels to players the day of exercise.

Reference: Planning Meetings.

Analysis: Since drill had a healthcare focus, the Explosion/Fire component was more simulated vs. completely acted out.

### Objective #3: Successful coordination between multiple jurisdictions

The strengths and areas for improvement for each core capability aligned to this objective are described in this section.

### Core Capability: Operational Coordination

### Strengths

The full capability level can be attributed to the following strengths:

Strength 1: Multiple Agencies communicated the best they could with the equipment they had.

Strength 2: Agencies unable to communicate via radio relied on face to face contact.   
  
Strength 3: Ability to exercise equipment, page out system, radios, MEOC, etc.

Strength 4: Good cooperation with other agencies, such as Sheriff, PD, FD/EMS, Avera, Firesteel, Davita, Dakota Counseling.

### Areas for Improvement

The following areas require improvement to achieve the full capability level:

Area for Improvement 1: Not having the MEOC as a central communication center made it difficult to communicate with all participants. Also, having several different agencies on different channels made it difficult to communicate with each other.

Reference: SLA Objectives Committee.

Analysis: Inter-agency communication is always a concern. The 2017 SLA Objectives Committee found Communications to be one of their top priorities. Upon completion of this objective, a standardized set of frequencies was loaded into radios. However, we did not take advantage of setting up the MEOC and the IC operating out of the Command Center.

### Objective #4: Coordinate with healthcare & first responders

The strengths and areas for improvement for each core capability aligned to this objective are described in this section.

### Core Capability: Operational Coordination

### Strengths

The partial capability level can be attributed to the following strengths:

Strength 1: First responders were on scene to address the scenario.

Strength 2: EMS gave ambulance reports to ED throughout transports.

Strength 3: Agencies carried out their SOPs.

### Areas for Improvement

The following areas require improvement to achieve the full capability level:

Area for Improvement 1: Fire/EMS did not know level of response they were to play – wanted more pre-drill communication.

**Area for Improvement 2:** Due to ABrady plan/practice for rescuing and triaging injured; with this scenario Fire/EMS did not feel it was handled as a true situation would be.

Reference: Fire/EMS evaluation

Analysis: This was a drill to test healthcare facility response, in the future possibly establish a scenario for first responders that includes the required healthcare roles to be played out.

### Objective #5: Response at facility, to include Avera Brady Fire and Evacuation Plans as well as MFD/EMS role

The strengths and areas for improvement for each core capability aligned to this objective are described in this section.

### Core Capability: Fire Management & Suppression

### Strengths

The partial capability level can be attributed to the following strengths:

Strength 1: Avera Brady staff very quickly responded to the fire alarm, Rescued, Activated (alarm is automatically), brought fire extinguishers to get hotspots that the sprinklers did not douse, and evacuated from the immediate scene. Used MedSleds for injured unable to walk.

Strength 2: Avera Brady RNs triaged, attempted to treat within their scope of care, and moved worse victims closest to doors

Strength 3: Fire verified fire was out, searched area and EMS reassessed victims

### Areas for Improvement

The following areas require improvement to achieve the full capability level:

Area for Improvement 1: Fire/EMS felt scenario was not realistic in that if it were real Fire would have needed to put fire out before anyone could get to area.

**Area for Improvement 2:** Fire/EMS would do all triage, Avera Brady nursing should not perform.

Reference: EMS Training.

Analysis: Continued EMS Training with all agencies will improve this area.

### Objective #6: Knowledge of Roles; AQOP Surge Plan, Firesteel Response Plan; Establish Medical Response; Maintain safe environment for current patients and residents at facilities

The strengths and areas for improvement for each core capability aligned to this objective are described in this section.

### Core Capability: Public Health, Healthcare & Emergency Medical Services – healthcare capabilities – Medical Surge, Healthcare & Medical Response Coordination, and Foundation for Healthcare & Medical Readiness

### Strengths

The full capability level can be attributed to the following strengths:

Strength 1: After fire simulated out, staff rescued victims from area, triaged and treated to the level they could.

Strength 2: Staff accounted for all residents and notified authorities when one was found missing.

Strength 3: AQOP handled the surge of injured victims smoothly. eED and eBurn were utilized to assist with call down and proper treatment of burn patients.

**Strength 4:** AQOP quickly assessed patients to see who could be sent home if beds were needed for victims.

### Areas for Improvement

The following areas require improvement to achieve the full capability level:

Area for Improvement 1: Communication. – Not all clinics were contacted. While radios were used, there is lack of inter-agency communication via radio. At AQOP, there are two sets of radios that don’t communicate.

Reference: Communication Plan.

Analysis: Budget is an issue for getting radios with multiple channels for all personnel during a drill or event. Need an extra cordless phone for triage at AQOP.

### Objective #7: On site incident management; both first responders and facility staff.

The strengths and areas for improvement for each core capability aligned to this objective are described in this section.

### Core Capability: Search & Rescue Operations

### Strengths

The partial or full capability level can be attributed to the following strengths:

Strength 1: The notification process went well. The response time was a bit quicker than normal due to the staged incident.

Strength 2: Project Lifesaver activated.

### Areas for Improvement

The following areas require improvement to achieve the full capability level:

Area for Improvement 1: Minimal response from Search and Rescue (2 members).

Area for Improvement 2: Mis-communication between Search and Rescue, PD, and Avera staff on missing PLS patient being found, when he actually was not found.

Area for Improvement 3: Mis-communication between Search and Rescue and Avera, as SAR was unaware Avera staff were also looking for the missing resident.

Reference: Search and Rescue Procedures.

Analysis: Miscommunication led to the players not knowing if the Project Lifesaver patient was actually found or not. This is not the first time this has happened. Procedure is for the SAR member to notify 8-2 the person has been found, but the PD will verify identity and call the search off.

### Objective #8: Recognition and containment of HAZMAT

The strengths and areas for improvement for each core capability aligned to this objective are described in this section.

### Core Capability: Environmental Response/Health and Safety

### Strengths

The partial capability level can be attributed to the following strengths:

Strength 1: HAZMAT was identified as an inject, and a HAZMAT Team was requested.   
  
Strength 2: Information on HAZMAT spill and MDS information was provided to the fire department and relayed to EM to be provided to the duty officer and DENR.

### Areas for Improvement

The following areas require improvement to achieve the full capability level:

Area for Improvement 1: Upon EM arrival, it was unsure if the FD wanted us to decontaminate the patient, or to address the HAZMAT situation. We would not decontaminate patients, the FD would.

Reference: FD Decontamination and EM-DENR HAZMAT reporting procedures.

Analysis: The lack of a decontamination truck/equipment did not allow the team to simulate decontaminating from the HAZMAT exposure.

### Objective #9: Scene safety and security

The strengths and areas for improvement for each core capability aligned to this objective are described in this section.

### Core Capability: On-scene Security, Protection, and Law Enforcement

### Strengths

The partial or full capability level can be attributed to the following strengths:

Strength 1: Several Officers from the Davison County Sheriff’s Office and Mitchell Police Department immediately secured the scene.

Strength 2: Scene Security addressed family members/media (some simulated, some real life) who were attempting to access the incident area.

### Areas for Improvement

The following areas require improvement to achieve the full capability level:

Area for Improvement 1: Communicate with the Scene Security to be ready for and allow emergency vehicles into the area, such as the MEOC.

Reference: Scene Security Procedures

Analysis: The Lack of access to additional resources could hinder the mission. In an actual event, the Sheriff’s Office, Police Department, and Fire Department would be needed at the site, and would not be able to secure the scene. Therefore, additional resources would be needed, such as Search and Rescue, Traffic Control, etc.

### Objective #10: Accurate and timely release of information

The strengths and areas for improvement for each core capability aligned to this objective are described in this section.

### Core Capability: Public Information and Warning

### Strengths

The partial or full capability level can be attributed to the following strengths:

Strength 1: Actual Media was on scene to request a press release (simulated).

Strength 2: Several Public Service announcements were completed prior to the exercise, informing the general public of the event.

Strength 3: Avera PIO prepared multiple press releases during the situation.

### Areas for Improvement

The following areas require improvement to achieve the full capability level:

Area for Improvement 1: Although a PSA was provided, a Nixle prior to the event may have reached those who were not aware this was an exercise.

Reference: Courses such as IS-242.b Effective Communication and G290 Basic Public Information Officers.

Analysis: Having a trained Public Information Officer ensures the public is being informed in a timely manner, and the players can concentrate on the actual incident.

### Objective #11: Recovery and Termination of the event

The strengths and areas for improvement for each core capability aligned to this objective are described in this section.

### Core Capability: Termination of event with discussion of actions and planning if this were a real event.

### Strengths

The partial capability level can be attributed to the following strengths:

Strength 1: Representatives from all agencies were present or were contacted via phone for hot wash.

Strength 2: Each agency was able to provide feedback.

### Areas for Improvement

The following areas require improvement to achieve the full capability level:

Area for Improvement 1: Did not discuss all avenues of recovery. Immediate housing feeding of residents and potential need for full evacuation were discussed. However with this scenario, there would be much more due to explosion/fire.

Reference: Enter data.

Analysis: While there are comprehensive plans for evacuation to an alternative care site. Would need to work with multiple agencies and with families if unable to return to building in near future.

# Appendix A: Improvement Plan

This IP has been developed specifically for Avera and Davison County as a result of the Avera Explosion and Long Term Care Exercise conducted on September 18, 2018.

| **Core Capability** | **Issue/Area for Improvement** | **Corrective Action** | **Capability Element[[1]](#footnote-1)** | **Primary Responsible Organization** | **Organization POC** | **Start Date** | **Completion Date** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1-Access Control and Identity Verification | Initial reaction, knowing who completes what part of the recovery. | Continue to have routine training events. | Training | Emergency Manager | Emergency Manager | September 18, 2018 | July 1, 2019 |
| 2-Planning | If representative from agency not available to attend each meeting, please send alternate.  Planning partner carry information back to staff who will be responding during drill | Assign alternate  Let first responder staff know what level they are expected to play | Communication | All agencies  Fire/EMS | All agencies; AQOP will remind during next planning session as well as on final wrap-up of drill  Fire/EMS | 9/26/18  9/26/18 | July 2019  Sept 2019 |
| 3-Operational Coordination | Coordination between the Agencies went well. However, continued practice can always help. | Having a Full-Scale Exercise once a year, and an occasional Table Top Exercise helps the Agencies work well together, but the lack of experience working together was noticed. More training together is needed. | Training, Equipment | Emergency Manager | Emergency Manager | September 18, 2018 | July 1, 2019 |
| 4-Operational Coordination | Fire/EMS did not know level they were expected to play out. | Have representative provide the information to the first responders when a full scale response was not anticipated | Communication | All Agencies, but specifically in this case, Fire/EMS | Fire/EMS | 9/26/18 | September 2019 |
| 5-Fire Management & Suppression | Fire/EMS felt scenario was not realistic – fire would not be out before they arrived and staff would not be rescuing victims | For similar situations, expand out reality of scenario. | Communication - Depending on scenario, determine in advance how far each agency will play out the actions | Planning Partners – focus with AQOP and Fire/EMS | Vicki Lehrman - During Planning Process next year will attempt to focus on reality of scenario | 9/26/18 | September 2019C |
| 6-Public Health, Healthcare & Emergency Medical Services – healthcare capabilities – Medical Surge, Healthcare & Medical Response Coordination, and Foundation for Healthcare & Medical Readiness | 1. Communication – not all clinics contacted;  2.Radios do not all talk to each other;  3.need extra cordless phone for triage | 1.Reinforce that all clinics need to be contacted;  2.Budgetary issues determine radio purchase capability  3. Plant/BioMed to try and find extra cordless phone | Communication | AQOP | Vicki Lehrman | 9/18/18 | December 2018 |
| 7-Search & Rescue Operations | 1-Level of participation from members.  2-Communication | 1-Encourage members to take a more active role in the team.  2-Better communication when on a multiagency situation. | Organization, Training | Emergency Manager | Emergency Manager | September 18, 2018 | December 1, 2018 |
| 8-Environmental Response/Health and Safety | HAZMAT Procedures | Review Procedures with FD. | Planning, Resources, Training | Emergency Manager/FD | Emergency Manager/FD | September 18, 2018 | December 1, 2018 |
| 9-On-scene Security, Protection, and Law Enforcement | Lack of resources | Encourage members to take a more active role in the team. | Organization | Emergency Manager | Emergency Manager | September 18, 2018 | December 1, 2018 |
| 10-Public Information and Warning | Public Concerns | Issue a Nixle prior to the event | Planning | Public Safety | Public Safety | September 18, 2018 | December 1, 2018 |
| 11-Recovery and Termination of the event | Did not discuss full recovery if this were a real event. While safety of residents/staff evacuation, and feeding of residents were discussed – if this were real many additional areas would need to be addressed. | AQOP and ABrady tabletop a full evacuation and all aspects relating to this scenario | Planning | Avera Brady/Avera Queen of Peace | Avera Brady/AQOP | November 2018 | February 2019 |

# Appendix B: Exercise Participants

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| Participating Organizations |
| **Federal** |
| None |
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| **State** |
| State Office of Emergency Management |
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| **Local** |
| Davison County Emergency Management |
| Davison County Sheriff |
| Mitchell Public Safety (included Police and Fire/EMS) |
| Search & Rescue |
| Avera Queen of Peace |
| Avera Brady Health & Rehab |
| Firesteel Healthcare Community |
| Avera @ Home |
| Avera Dialysis – Mitchell |
| All medical clinics in Mitchell |
| Davita Dialysis |
| Dakota Counseling |
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1. Capability Elements are: Planning, Organization, Equipment, Training, or Exercise. [↑](#footnote-ref-1)