

2019 FOX VALLEY EMERGENCY PREPAREDNESS TABLETOP EXERCISE After-Action Report/Improvement Plan

January 23, 2019

RESPONDING TO A MASS SHOOTING INCIDENT



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

Exercise Name	Fox Valley 2019 Emergency Preparedness Tabletop Exercise: Responding to a Mass Shooting Incident
Exercise Date	January 23, 2019
Scope	This tabletop exercise was conducted for three hours at the Fox Valley Technical College Public Safety Training Center. Exercise play is inclusive of emergency medical services, healthcare, and other community partners.
Mission Area(s)	This tabletop exercise focused on response and recovery activities.
Core Capabilities	<ul style="list-style-type: none">○ Planning○ Community Resilience○ Operational Communications○ Operational Coordination○ Public Health and Medical Services○ Public Information & Warning
Objectives	<p>Objective One: Assess the process for Emergency Medical Services to make initial (and ongoing) communications with medical control at receiving hospitals within the immediate community.</p> <p>Objective Two: Evaluate the availability of Emergency Medical Services to address the transportation needs of multiple victims due to a mass shooting incident. This would include initial presentation to community-based receiving facilities.</p> <p>Objective Three: Assess the needs and capabilities of healthcare organizations to triage and treat victims of multiple penetrating trauma, to include identification of resource constraints to maintain an effective environment of care.</p> <p>Objective Four: Evaluate the process to facilitate the transfer of higher acuity patients to a higher level of care within the immediate area and throughout the state. This would include the appropriate acceptance of transferred patients by tertiary medical facilities and coordination of transportation resources.</p>
Threat or Hazard	Mass casualty incident resulting from an active shooter.

Scenario	<p>Late one afternoon, breaking news relays information on initial social media reports of an active shooter incident at a local High School gymnasium during a varsity basketball game. Shortly thereafter, 911 dispatch and Emergency Medical Services notifies area Emergency Departments of the mass casualty incident and projects greater than 50 victims. Local hospitals' Emergency Departments are currently at 90% census and presently holding patients awaiting inpatient beds. Along with EMS transports, numerous victims have begun to arrive at hospitals with the assistance of bystanders, exhibiting multiple penetrating trauma wounds. Healthcare facilities are experiencing media onslaught, high telephone volume from families, and multiple first responder and hospital staff members posting unapproved information on social media.</p>
Sponsors	<p>Fox Valley Regional Trauma Advisory Council Fox Valley Healthcare Emergency Readiness Coalition</p>
Participating Organizations	<p>Refer to Appendix B</p>
Point of Contacts	<p>RTAC Point of Contact: Jason Selwitschka Fox Valley Regional Trauma Advisory Council Coordinator Jason@foxrtac.net 920.203.8791</p> <p>Exercise Director: Christopher Sonne Director of Emergency Management HSS Inc. CSonne@hss-us.com 855.477.2871</p>

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)
Assess the process for Emergency Medical Services to make initial (and ongoing) communications with medical control at receiving hospitals within the immediate community.	Planning				
	Public Information & Warning	P			
Evaluate the availability of Emergency Medical Services to address the transportation needs of multiple victims due to a mass shooting incident. This would include initial presentation to community-based receiving facilities.	Public Health and Medical Services				
	Operational Coordination		S		
Assess the needs and capabilities of healthcare organizations to triage and treat victims of multiple penetrating trauma, to include identification of resource constraints to maintain an effective environment of care.	Operational Communications				
	Public Information & Warning		S		
Evaluate the process to facilitate the transfer of higher acuity patients to a higher level of care within the immediate area and throughout the state. This would include the appropriate acceptance of transferred patients by tertiary medical facilities and coordination of transportation resources.	Operational Coordination				
	Public Health and Medical Services	P			

Objective	Core Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
<p>Ratings Definitions:</p> <ul style="list-style-type: none"> • 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.

Assess the process for Emergency Medical Services to make initial (and ongoing) communications with medical control at receiving hospitals within the immediate community.

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

Core Capabilities: Planning, Public Information & Warning

STRENGTHS

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

Strength 1: A number of participants identified that there is good communication with the Regional Medical Coordinating Center (RMCC) from EMS providers on-scene.

Strength 2: It was identified that there are several different means of communication between EMS providers and local hospitals available within the region, from cellular telephones to WISCOM radios. It was also found that when utilized, EM Resource was an effective method of communications between hospitals and the region, while it could also be beneficial if leveraged by EMS providers.

Strength 3: The existing close relationships between healthcare facilities and EMS partners was identified as an invaluable strength to the region, especially those areas where there may be limited resources, it was mentioned that those partnerships could be further leveraged during such an incident that would strain the overall healthcare system.

AREAS FOR IMPROVEMENT

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

Area for Improvement 1: As mentioned above, while the ability to initiate (and maintain) communications with the RMCC was identified as a strength by numerous exercise participants, a common theme revolved around a lack of awareness as to the role and responsibility of the RMCC during a mass casualty incident (MCI).

Area for Improvement 2: It was identified that while there are a number of different communication modalities available within the region, there was a lack of a clear communication plan to identify which communication modality would be used speak to which community partner.

Area for Improvement 3: Some municipalities had patches developed on the WISCOM system between EMS providers and hospitals, where a number identified this to be a known gap and area of opportunity.

Area for Improvement 4: There were several observations that indicated acute care facilities would greatly benefit from early notification of an incident by first responders to prepare appropriate resources to triage and treat an influx of high acuity victims with penetrating traumas. Hospitals also indicated that it would be beneficial to have a mass casualty incident plan where baseline information could be consistently relayed to receiving facilities, specifically number of patients based-on their respective acuity levels.

Analysis: While there are several different communication tools available within the region, there needs to be a method in which they can be effectively integrated to benefit community partners across the respective disciplines. There is also identified strength in leveraging the RMCC concept, but there needs to be better understanding of how and when this resource would be used.

Recommendation: Develop a comprehensive communications plan, integrating the different roles and responsibilities of community partners. This plan should also address when the different communication modalities would be used to communicate to which partner. Regular communication drills to coincide with WISCOM radio tests would go a long way to familiarize partners on using the various systems. It is also recommended that the use of EM Resource by EMS providers should also be explored to better facilitate situation awareness amongst receiving facilities.

Evaluate the availability of Emergency Medical Services to address the transportation needs of multiple victims due to a mass shooting incident. This would include initial presentation to community-based receiving facilities.

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

Core Capabilities: Public Health, Healthcare and Emergency Medical Services & Operational Coordination

STRENGTHS

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

Strength 1: Where it is instituted, the Mutual Aid Box Alarm System (MABAS) was found to clearly be a strength. There was also some benefit found to better educating community partners on how this system functions to support EMS and Fire services.

Strength 2: It was identified that there are well-known processes available to secure aeromedical resources within the region and also to obtain these resources from outside of the region.

Strength 3: Some Fire Departments (including Oshkosh) have developed Job Action Sheets to assist its staff in understanding roles and responsibilities for an MCI.

AREAS FOR IMPROVEMENT

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

Area for Improvement 1: It was identified that there is a potential to overwhelm dispatch when making requests for dispatch and also when looking to secure additional resources from surrounding municipalities. Leveraging MABAS safety cards could be an option to address this.

Area for Improvement 2: Numerous participants indicated that having developed MABAS safety cards would be very beneficial in the timely acquisition of vital EMS resources for such an incident. It would also aid with dispatch's ability to rapidly secure these resource.

Area for Improvement 3: There were several recommendations made to transition EMS partners to use the SALT triage methodology and expand 'Stop the Bleed' training throughout the community.

Area for Improvement 4: Understanding the operational needs of law enforcement to secure the scene before active rescue or rescue task force can be conducted was identified as an area of opportunity. This specifically involved at what point would it be safe for EMS to engage the scene.

Analysis: It was clear from a number of exercise participants that there is a well-established aeromedical system in the State of Wisconsin with defined processes to secure such resources. There was also a consistent theme that having developed safety cards as part of the MABAS would assist in securing valuable EMS resources while aiding to the success of dispatchers with this. Lastly, there were several recommendations made for EMS agencies to adopt the SALT triage system and for this system to also be mirrored within acute care facilities as well. There was also clear benefit to spreading 'Stop the Bleed' training throughout the region.

Recommendation: Where and when it is possible, to develop safety cards as part of the MABAS. Standardize the triage system for both EMS and acute care providers. Further 'Stop the Bleed' training.

Assess the needs and capabilities of healthcare organizations to triage and treat victims of multiple penetrating trauma, to include identification of resource constraints to maintain an effective environment of care.

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

Core Capabilities: Public Health, Healthcare and Emergency Medical Services & Operational Coordination

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

Strength 1: Many hospitals identified that the Hospital Incident Command System (HICS) would be used to facilitate command and management of the incident within the organization. Training on HICS and its resources was provided by the HERC in the past.

Strength 2: While hospitals regularly run operations-based exercises addressing patient surge events, it was identified that they should be more inclusive of community partners and ancillary departments within the organization. It was also identified that facility's need to do a better job at stressing resources to identify areas of opportunity.

Strength 3: Facilities can leverage existing relationships to facilitate the transfer of patients to a higher level of care to address the acuity and penetrating trauma. This is noted with caution, as trauma facilities can also potentially find themselves lacking the resources to address a mass shooting incident within the region. It is important to determine which patients would benefit the most from the critical care resources available at both receiving facilities and transfer to a trauma center.

AREAS FOR IMPROVEMENT

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

Area for Improvement 1: Several participants indicated that Emergency Department staff lacked the appropriate knowledge on how to respond to a mass influx of high acuity patients with penetrating traumas. It was recommended that a few key players be educated from respective facilities and then they be leveraged to educate the rest of the organization.

Area for Improvement 2: While a number of hospital plans address patients presenting via EMS, many lacks the specifics on how a facility would manage this in conjunction with patients self-presenting to the facility. It is important to identify where patients with varying acuity levels would be sent within the facility to receive care, allowing for critical care areas to treat patients that would benefit the most from its services.

Area for Improvement 3: Identifying where potential choke points are within a facility when treating a large number of victims with penetrating injuries was found to be crucial step in providing an effective environment of care. This would cover everything from pre-registering trauma victims to minimize the interruption in care that would be caused by a delay of registration into the electronic health record system, to the direct clinical and support services (e.g., laboratory, radiology, blood bank, anesthesiology, surgical services, intensive care services).

Analysis: As stated previously, all acute care facilities are required to conduct patient surge exercise on an annual basis. It was found that during this tabletop, facilities rarely push an exercise to the point in which deficiencies can truly be identified, that would mirror a real-world event. While it is understood that real-world patient care activities cannot be jeopardized, it behooves the organization to run realistic exercises that identifies potential areas of opportunity before large numbers of victims are presenting at a facility. It is also important to fully integrate clinical, support functions, and ancillary areas of the organization to identify the respective roles and responsibilities of all departments to support the delivery of care for these patients. It is also important to work with clinical providers to discuss what a typical care plan would entail for patients with multiple penetrating trauma.

Recommendation: Conduct realistic operations-based MCI exercise, to include community partners and multiple functions within the organization. Identify what potential vulnerabilities exist in the care for this victim population ahead of an event. Develop plans to rapidly recall essential staff needed to support an influx of patients.

Evaluate the process to facilitate the transfer of higher acuity patients to a higher level of care within the immediate area and throughout the state. This would include the appropriate acceptance of transferred patients by tertiary medical facilities and coordination of transportation resources.

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

Core Capability: Healthcare and Emergency Medical Services & Operational Coordination

STRENGTHS

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

Strength 1: There is a very strong aeromedical network within the state.

Strength 2: Many organizations, especially those within a system, have existing processes and relationships to leverage when looking to transfer patients to a higher level of care (trauma center).

Strength 3: Existing EMS partnerships are established to facilitate inter-facility transfer of patients.

AREAS FOR IMPROVEMENT

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

Area for Improvement 1: It was found that many hospitals lacked alternate (written) plans in the event a facility normally used to transfer patients to a higher level of care is not available. It is recommended to leverage the ability of the RMCC to look for beds outside of the region, especially for specialty care beds that may be difficult to secure. It is also important to identify what (if any) changes are made to the transfer process of finding an accepting physician at a receiving facility during a disaster.

Area for Improvement 2: Many organizations use local EMS resources to facilitate inter-facility transfer, but do not have contingency plans when these EMS resources may still be dedicated to scene response and to cover exiting 911 coverage areas.

Area for Improvement 3: Better education on how the RMCC could be leveraged to find beds outside of the region was found to be beneficial.

Analysis: It is important for healthcare facilities and community partners alike to be aware of the limitations of resources in the care for and transport of patients during a mass casualty event such as this incident. Contingency plans need to be developed and tested to evaluate how organization will adapt when existing processes cannot be leveraged due to limitation of resources.

Recommendation: Have the RMCC educate healthcare organizations on how they can source beds from outside of the region and to relay this information to the appropriate physicians at the facility to facilitate a patient transfer. Have hospitals identify contingencies when community EMS resources are not available to assist with inter-facility transports.

Appendix A: Improvement Plan

This IP has been developed specifically for the Fox Valley RTAC and HERC as a result of The Mass Shooting Tabletop Exercise conducted on January 23, 2019.

Objective 1: Assess the process for Emergency Medical Services to make initial (and ongoing) communications with medical control at receiving hospitals within the immediate community.					
Issue/Area for Improvement	Capability Element¹	Primary Responsible Organization	Organization POC	Start Date	Completion Date
Develop a Communications Plan to integrate the different communication modalities within the region.	Planning				
Expand the use of EM Resource to more healthcare partners, to include EMS providers.	Equipment				
Educate on existing MCI plans that indicate what information is provided to healthcare facilities and when.	Training				
Objective 2: Evaluate the availability of Emergency Medical Services to address the transportation needs of multiple victims due to a mass shooting incident. This would include initial presentation to community-based receiving facilities.					
Issue/Area for Improvement	Capability Element²	Primary Responsible Organization	Organization POC	Start Date	Completion Date
Develop safety cards based on the MABAS.	Planning				
Standardize to the SALT triage system amongst EMS providers, with a stretch goal of having this adopted by healthcare facilities as well.	Training / Planning				
Expand 'Stop the Bleed' training throughout the various community partner disciplines and amongst the community itself.	Training				

¹ Capability Elements are: Planning, Equipment, Training, or Exercise.

² Capability Elements are: Planning, Organization, Equipment, Training, or Exercise.

Objective 3. Assess the needs and capabilities of healthcare organizations to triage and treat victims of multiple penetrating trauma, to include identification of resource constraints to maintain an effective environment of care.					
Issue/Area for Improvement	Capability Element³	Primary Responsible Organization	Organization POC	Start Date	Completion Date
Conduct realistic operations-based MCI exercise, to include community partners and multiple functions within the organization.	Training				
Identify what potential vulnerabilities exist in the care for this victim population ahead of an event.	Planning				
Develop plans to rapidly recall essential staff and resources needed to support an influx of patients with penetrating trauma.	Planning				
Objective 4. Evaluate the process to facilitate the transfer of higher acuity patients to a higher level of care within the immediate area and throughout the state. This would include the appropriate acceptance of transferred patients by tertiary medical facilities and coordination of transportation resources.					
Issue/Area for Improvement	Capability Element⁴	Primary Responsible Organization	Organization POC	Start Date	Completion Date
Have the RMCC educate healthcare organizations on how they can source beds from outside of the region and to relay this information to the appropriate physicians at the facility to facilitate a patient transfer.	Training				
Have hospitals work with EMS providers to develop contingencies when community EMS resources are not available to assist with inter-facility transports.	Planning				

³ Capability Elements are: Planning, Organization, Equipment, Training, or Exercise.

⁴ Capability Elements are: Planning, Organization, Equipment, Training, or Exercise.

Appendix B: Exercise Participants

Participating Organizations
State
Department of Homeland Security
Wisconsin Emergency Management
Regional
Fox Valley Healthcare Emergency Readiness Coalition
Fox Valley Regional Trauma Advisory Council
Local
Ascension Mercy Hospital
Ascension St. Elizabeth's Hospital
Aurora Medical Center Oshkosh
Calumet County Health Division
Dale Fire/Fremont Ambulance
Ellington Emergency Medical Responders
Fresenius Medical Care
Gold Cross Ambulance Service
Grand Chute Fire Department
Heartland Home Health & Hospice
Kaukauna Fire Department
Manawa Police Department
Manawa Rural Ambulance
Marquette County
Menominee Tribal Clinic
Menominee Tribal Rescue Service
New London Police Department
Oshkosh Fire Department
Outagamie County Public Health
Ripon Guardian Ambulance
SSM Health Ripon Medical Center
Stockbridge Munsee Tribe
ThedaCare Regional Medical Center Appleton

ThedaCare Regional Medical Center Neenah
ThedaCare Shawano
ThedaCare Waupaca
ThedaCare Wild Rose
ThedaStar
Town of Oshkosh Fire and EMS
Waupaca County Emergency Management
Waupaca County Sheriff's Office
Waupaca Police Department
Waushara County Health Department
Winnebago County Emergency Management
Winnebago County Health Department
