

# **Wisconsin HERC Region 6 Burn Surge TTX AAR**

**Summary of Findings and Improvement Plan**



**FV-HERC**

Fox Valley Healthcare Emergency Readiness Coalition

## Incident Date: June 2, 2022

**Incident Hazard or Threat:** Burn Event, Mass Casualty

**Incident Summary:** A natural gas boiler has exploded in the Kimberly Middle school resulting in multiple casualties with burns. A total of ten adults and eight children have been injured. All burns are greater than 40%, but not so high that we would consider not providing resuscitation. Could intubate all or some.

**After Action Debriefing and Report:** The purpose of this document is to provide an analysis of the operational coordination and communications provided by Wisconsin HERC Region 6.

Exercise List of Participants	
Tracey Froiland- FVHERC	Jose Rivera- Childrens hospital- FV
Kirk Vandenberg-ThedaStar	Tim Normington- TCB
Advocate Aurora Oshkosh- EM/ER team	Kerry Ahrens- FVHERC med advisor/ED MD
Robin Kobilic- Ascension	Larissa Torkelson- Ascension
Kristen Jones- TCWR	Carl Mohl -Ascension- EM/ER team
Brian Kaczmarski- facilitator	Amanda Walter
Kim Olson TCS	Jeff Grimm- ThedaStar

The debriefing allowed an opportunity to solicit stakeholder feedback and collect response data to validate processes that worked and identify areas of improvement for processes that were not effective and provide recommendations to enhance these areas. These identified strengths, areas for improvement and suggested corrective actions are captured in this After-Action Report (AAR) and associated Improvement Plan (IP) Matrix.

## Analysis of Incident Core Capability Performance

Aligning incident objectives and core capabilities provides a consistent taxonomy for evaluation that transcends individual events to support preparedness reporting and trend analysis. Table 1 includes the incident core capabilities with associated overall performance ratings (P, S, M, or U) as evaluated in the event after action debriefing.

**Table 1-Summary of Core Capability Performance**

Core Capability Performance	Rating
<b>Operational Communications</b>	<b>S</b>
<b>Operational Coordination</b>	<b>S</b>
<b>Medical Surge (Burn Surge – Adult and Pediatric)</b>	<b>S</b>
Ratings Definitions	
<ul style="list-style-type: none"> <li>• <b>(P):</b> The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s).</li> <li>• <b>(S):</b> 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. However, opportunities to enhance effectiveness and/or efficiency were identified.</li> <li>• <b>(M):</b> 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; contributed to additional health and/or safety risks; and/or was not conducted in accordance with applicable plans, policies or procedures.</li> </ul>	

### Core Capability: Operational Communications

**Description:** Ensure the capacity for timely communications in support of security, situational awareness, and operations available, among and between affected communities in the impact area and all response forces.

**Analysis and Key Observations:** The three primary hospital systems in the Fox Valley area have a robust communications system in place to be able to assist with coordination of a medical response. However, in a burn surge scenario as was presented in this exercise, the region would be overwhelmed quickly, and non-traditional horizontal and vertical partners would need to be called upon to provide support. This is where Operational Communications may break down. While the Juvare platform is in place and operational, not all coalition partners are registered, trained and able to operate within this one-stop, primary communication system. Until this occurs, communications will continue to be a challenge.

**Strength(s):** Strong HERC Coordinator who is trusted, respected, and has built solid relationships. The institutional knowledge of the HERC Coordinator is invaluable. The three primary health systems in the region are well connected and have planned, trained, and exercised together for many years, as well as responding to real life events.

**Recommendation(s):** Coalition and facility level training on eICS, EMResource and EMTrack. Begin to integrate this resource into daily operations so that it becomes institutionalized within the region. Begin to integrate eICS into quarterly communications drills. Ensure that activation protocols, following NIMS

procedures, are clearly written into plans and tested regularly; facility to local jurisdiction, jurisdiction to HERC, HERC to other HERCS, HERC to state.

### **Core Capability: Operational Coordination**

**Description:** Establish and maintain a unified and coordinated operational structure and process that appropriately integrates all critical stakeholders and supports the execution of core capabilities.

**Analysis and Key Observations:** As mentioned, the Fox Valley area HERC has three primary health systems in its area, and this cohesiveness is of benefit during a medical surge or emergency event. In the scenario for this exercise, it was observed and documented that some coalition partners spoke to the lack of ‘internal plans and procedures’ regarding the activation of the HERC, along with other resource and support requests in alignment with NIMS protocols. A best practice would be for the sharing of model policies and procedures by discipline to ensure standardized activation protocols throughout the coalition. For a burn surge incident, this region would be immediately overwhelmed due to lack of specialized resources, so activation of horizontal and vertical support, both in and outside of the region, would be necessary. With the complexity and number of partners that would be involved in this type of response, it will be imperative to have early and strong coordination of response, to include a standardized, singular information sharing platform (the Juvare system). This will allow for an efficient response and eliminate any redundancy and/or duplication of efforts.

**Strength(s):** Strong, experienced and trusted HERC Coordinator; Minimal health systems (3) to navigate/coordinate during an incident/response; Strong relationships amongst coalition partners

**Recommendation(s):** Identify and share best practice policies and procedures for Operational Coordination by discipline throughout HERC region to align protocols for Command, Coordination, and Communication (emphasize trigger points for surge support).

### **Core Capability: Medical Surge – Burn Surge – Adult and Pediatric**

**Description:** Rapidly expand the capacity of the existing healthcare system to provide appropriate medical care for victims, including pediatric patients.

**Analysis and Key Observations:** For a burn type surge event, this region is under-resourced and would be overwhelmed very early in a response. There are zero identified burn beds in the region, one level II Trauma Center, zero critical care peds beds, and only twelve non-acute peds beds. For the scenario identified, transport out of the region to more specialized care would be immediate. It was noted that, as a best practice, it is important to recognize that, due to the lack of burn resources, healthcare in the region must focus on stabilizing and caring for the patient, and not necessarily focus on treating the burns. Emphasis should be placed on patient stabilization, pain management, with the understanding that you may need to keep a burn patient for up to 72 hours while awaiting transfer.

**Strength(s):** Awareness of burn capacity issues has led to the development of strong communication pathways for requesting support from the State’s Level I burn centers, access to quick critical transport resources, and adequate EMS resources to meet the transport needs, to include Air Medical. Development and dissemination of burn kits to region healthcare facilities may be noted as a best practice, with emphasis on burn resources for peds. Broad training for healthcare staff on ABLIS is also identified as a best practice for this region.

**Recommendation(s):** Burn kits with emphasis on peds resources created and shared with regional healthcare facilities; broad ABLIS training; Continued testing and refinement of requesting outside technical support from the State's Level I Burn Centers to ensure a seamless, coordinated response in a real event

## Appendix A-Improvement Plan (IP)

This IP has been developed specifically for Wisconsin HERC Region 6 based on the response to the Wisconsin Region 6 HERC Burn Surge Exercise AAR/, conducted on June 2, 2022.

Core Capability	Recommendations	Capability Element <sup>1</sup>	Primary Responsible Organization	Target Completion Date
<b>Operational Communications</b>	Coalition and facility level training on eICS, EMResource and EMTrack. Begin to integrate this resource into daily operations so that it becomes institutionalized within the region. Begin to integrate eICS into quarterly communications drills.	Training	HERC 6, Statewide HERC Coordinator, OPEHC EMResource and EMTrack Systems Administrator, EM Track Project Leads	December 2, 2022
	Ensure that activation protocols, following NIMS procedures, are clearly written into plans and tested regularly; facility to local jurisdiction, jurisdiction to HERC, HERC to other HERCS, HERC to state.	Planning, Exercise	HERC Region 6, in collaboration with partners	December 2, 2022
<b>Operational Coordination</b>	Identify and share best practice policies and procedures for Operational Coordination by discipline throughout HERC region to align protocols for Command, Coordination, and Communication (emphasize trigger points for surge support).	Planning	HERC Region 6, in collaboration with partners; OPEHC Planning Coordinator	December 2, 2022
<b>Medical Surge: Burn – Adult and Pediatric</b>	Burn kits with emphasis on peds resources created and shared with regional healthcare facilities;	Equipment	HERC Region 6	December 2, 2022
	Broad ABLS training	Training	HERC Region 6, OPEHC, ABA	December 2, 2022
	Continued testing and refinement of requesting outside technical support from the State’s Level I Burn Centers to ensure a seamless, coordinated	Planning, Exercise	HERC Region 6, Level I Burn Centers	December 2, 2022

<sup>1</sup> Capability Elements are: Planning, Organization, Equipment, Training, or Exercise.

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	response in a real event			