

# Fox Valley HERC CMS Partner Virtual Exercise: Operation Shelter in Place

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After-Action Report/Improvement Plan

July 18, 2022

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

<b>Exercise Name</b>	“Operation Shelter in Place”
<b>Exercise Dates</b>	Virtual Functional Exercise: Wednesday, June 15, 2022, 1000-1200.
<b>Scope</b>	The Exercise was coordinated and controlled through a virtual platform. Partners conducted exercise play at the own facilities or agencies with key leaders. The exercise encouraged functional components such as reaching out to community partners and testing functional elements of the Emergency Operations Plan.
<b>Mission Area(s)</b>	Response and Recovery
<b>Core Capabilities</b>	Operational Coordination (Emergency Operations Coordination) (EOC) Shelter in Place (SIP) Operational Communication (Information Sharing) (OC) Alternate Care Facility (ACF)
<b>Objectives</b>	(EOC) Demonstrate ability to activate ICS/Command Post/EOC. (EOC) Ensure coordinated response throughout simulated event by activating and sustaining the incident command system. (SIP) Protect and secure the facility. (SIP) Communicate and control access to the facility. (SIP) Determine EMS availability during a Haz Mat situation. (OC) Ensure situational awareness throughout simulated event by maintaining a common operating picture. (OC) Practice internal and external communication plan. (ACF) Discuss pre-identified alternate care facility location and agreements. (ACF) Discuss necessary equipment/supplies required to care for residents for a prolonged period away from their home.
<b>Threat or Hazard</b>	Haz Mat incident.

<b>Scenario</b>	At 2 p.m. on a Thursday in June, on an unusually HOT day, a tanker truck on your local highway was hit by a one-ton pick-up truck. After the collision a low-lying cloud formed in the area of the accident resulting in a Hazardous Materials incident for your local community and the need for a Shelter in Place order for approximately 12 hours.
<b>Sponsor</b>	Optima EP LLC: Emergency Preparedness Consultants Fox Valley Healthcare Emergency Readiness Coalition
<b>Participant Feedback</b>	See Appendix A
<b>Participating Organizations</b>	See Appendix B. Twenty different agencies with at least 162 individual participants.
<b>Points of Contact</b>	Aimee Wollman Nesseth Optima EP LLC, Emergency Preparedness Consultant aimee@optimaep.com 715-379-6664

## 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)
1. Demonstrate ability to activate ICS/Command Post/EOC.  2. Ensure coordinated response throughout simulated event by activating and sustaining the incident command system.	Emergency Operations Coordination		(S)		
	Operational Coordination		(S)		

Objective	Core Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
1. Protect and secure the facility. 2. Communicate and control access to the facility. 3. Determine EMS availability during a Haz Mat situation.	Shelter in Place		(S)	(M)	
1. Ensure situational awareness throughout simulated event by maintaining a common operating picture. 2. Practice internal and external communication plan.	Operational Communication  Information Sharing		(S)		

Objective	Core Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
1. Discuss pre-identified alternate care facility location and agreements. 2. Discuss necessary equipment/supplies required to care for residents for a prolonged period away from their home.	Alternate Care Facility		(S)	(M)	

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

**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).

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

## Core Capability 1:

### Emergency Operations Coordination and Operational Coordination:

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

### Objective 1:

Demonstrate the ability to activate ICS/Command Post/EOC.

#### Capability Targets:

1. Recognize the need for ICS Activation.
2. Utilize internal activation processes.
3. Identify where or how ICS will meet (location, through video conference, etc.)

## Exercise Strengths

The performed with “**some challenges**” capability level can be attributed to the following strengths:

**Strength 1:** Agencies stated they were able to assemble the Incident Command team quickly and have clearly defined roles.

**Strength 2:** The Emergency Preparedness plans were available electronically and off site at several agencies.

**Strength 3:** There is a clearly identified location for Incident Command to meet.

### Overall Strength:

It is clear some of the participating agencies utilize Incident Command and have dedicated space and personnel for key roles. Access to the Emergency Plans electronically and off site is important for those assigned to Incident Command roles if meeting at the facility is not possible during an incident.

## Areas for Improvement

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

**Area for Improvement 1:** There is an identified need for Incident Command training for all staff.

**Area for Improvement 2:** There is an identified need to create depth in Incident Command positions if key individuals or leaders are not available at the time of the incident.

## Overall Area for Improvement:

The use of Incident Command remains unfamiliar to some agencies or is used infrequently enough that individuals do not feel confident in the roles and processes associated with activating Incident Command. Creating depth in these roles is a challenge, particularly for our smaller agencies.

### Objective 2:

Ensure coordinated response throughout simulated event by activating and sustaining the incident command system.

#### Capability Targets:

1. Clearly identify who assumes the role of the Incident Commander given the scenario.
2. Clearly identify who assumes the roles of Safety Officer, and Public Information Officer.
3. Discuss what other roles from the Incident Command System may need to be activated throughout the event.

### Exercise Strengths

The performed with “**some challenges**” capability level can be attributed to the following strengths:

**Strength 1:** Half of the participating agencies stated their staff have a strong foundation of knowledge regarding emergency preparedness and associated plans and procedures.

**Strength 2:** Many participants stated they experienced good collaboration among the leadership team and have the flexibility to fulfill multiple roles in Incident Command.

**Strength 3:** Some facilities stated they have made recent updates to their already comprehensive Emergency Preparedness plans.

**Strength 4:** Some facilities named a strong relationship with the Fox Valley HERC as a strength and resource for support.

### Overall Strength:

Most facilities stated they have comprehensive Emergency Preparedness plans which allow them to maintain a coordinated response during an event. Leadership teams are well-versed in these plans and exhibited flexibility and the ability to work collaboratively during this exercise.

### Areas for Improvement

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



**Area for Improvement 1:** Need to update the Emergency Preparedness Binders and ensure there is consistent information regarding Emergency Preparedness in multiple locations.

**Area for Improvement 2:** There is a recognized need to provide additional training and drills for all staff on Emergency Preparedness plans and policies.

**Area for Improvement 3:** There is a need for clarification of Incident Command roles particularly if some members of the leadership team are unavailable.

**Area for Improvement 4:** Several facilities identified the need to make their Emergency Preparedness Plans and Policies available electronically for off site access.

**Area for Improvement 5:** Need to utilize a consistent system for documentation during an emergency event.

### Overall Area for Improvement:

Most participants in the exercise noted the need for continuous updates to the Emergency Preparedness binders as well as ongoing training and exercises for all staff. This is particularly important given the current rate of staff turnover. One facility stated they are in the midst of a transition from thinking about Emergency Preparedness as *“the responsibility of just a few individuals to an all-staff responsibility”*.

### Core Capability 2:

**Shelter in Place:** The ability to close doors and windows, shut off heating or air conditioning systems and take any other steps necessary to prevent contaminated outside air from entering the building by controlling access and keeping people inside.

#### Objective 1:

Protect and secure the facility.

##### Capability Targets:

1. Identify how you are likely to receive this notification and next steps.
2. Take immediate action to close facility to external environment.

#### Exercise Strengths:

The performed with **“major challenges”** capability level can be attributed to the following strengths:

**Strength 1:** Home Health and Hospice stated they have a system in place to track their clients based on zip code, should they need to make quick notifications of an event in a particular area.

**Strength 2:** One Home Health and Hospice agency stated they have great flexibility in staffing if needed to cover due to an emergency event in a particular location.

**Strength 2:** One facility stated they have adequate preparedness supplies (caches) on hand, including an on-site pharmacy to support Sheltering in Place for several hours-days.

## Overall Strength:

This was a strength for participants who do not work in one location, but serve clients in multiple locations, most often in their homes.

## Areas for Improvement:

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

**Area for Improvement 1:** Most facilities stated there is a lack of knowledge among staff regarding how to secure the facility by shutting down HVAC system to prevent further exposure.

**Area for Improvement 2:** Some facilities stated they need to invite additional disciplines and subject matter experts to emergency exercises to prevent faulty assumptions about processes or systems.

## Overall Area for Improvement:

The majority of facilities identified this objective as an area of improvement versus a strength. Most facilities rely on their facilities or maintenance staff to be available to manage systems such as the HVAC system. Similarly, having the right people at emergency exercises helps clarify expectations and processes for all.

## Objective 2:

Communicate and control access to the facility.

### Capability Targets:

1. Activate the internal Communication Plan (to staff, residents, visitors, volunteers, vendors).
2. Activate the external Communication Plan (to off-site staff, family/guardians of residents/patients/clients, vendors, visitors).

## Exercise Strengths:

The performed with “**some challenges**” capability level can be attributed to the following strengths:

**Strength 1:** Several facilities stated they have a strong understanding of how to secure the facility, in part due to processes developed during COVID.

## Overall Strength:

Due to the restrictions on visitors through much of the past two and a half years, facilities know how to control access to their facilities.

## Areas for Improvement:

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

**Area for Improvement 1:** Staff need to develop personal preparedness plans to know who to contact quickly in this type of emergency for child, elder, or pet care.

**Area for Improvement 2:** Need to develop strategies to keep building cool during a prolonged HVAC outage. By doing so, this will allow patients and staff to shelter in place comfortably for longer periods of time.

**Area for Improvement 3:** There is a need to either update or create a Shelter in Place plan for the facility, including a statement or policy regarding liability if individuals choose to leave the facility during a Shelter in Place order.

## Overall Area for Improvement:

In a Shelter in Place situation with an unknown end time, several staff members identified that they did not have personal emergency plans in place in order for them to trust their personal priorities (children, elders, or pets) were taken care of, allowing them to focus on the emergency situation. Regular review of these plans and determining strategies to manage a long-term event would improve this capability.

## Objective 3:

Determine EMS availability during a Haz Mat situation.

### Capability Targets:

1. Contact the local EMS agency and ask the question: “If we were under a Shelter in Place order, would you respond to our facility in the event of an emergency?”
2. Discuss implications of EMS response.

## Exercise Strengths:

The performed with “**some challenges**” capability level can be attributed to the following strengths:

**Strength 1:** One participating agency stated they made the call to their local EMS agency to discuss their capabilities during a Shelter in Place order.

## Overall Strength:

At least one facility initiated this discussion with their local EMS partners during this exercise.

## Areas for Improvement:

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

**Area for Improvement 1:** It is not clear to this writer how many facilities actually placed this call to their local EMS agency (non-emergency number) during the exercise.

**Area for Improvement 2:** It was identified that there needs to be continued discussion regarding triage and policies to treat residents if EMS is temporarily unable to come to the facility.

### **Overall Area for Improvement:**

There is a need to build a deeper understanding of EMS capabilities in this type of Haz Mat and Shelter in Place scenario. Facilities and agencies are strongly encouraged to reach out to local EMS to hold these conversations to clarify expectations and limitations.

**Core Capability 3:** Ensure the capacity for timely communications in support of security, situational awareness, and operations by any and all means available, among and between affected communities in the impact area and all response forces.

### **Objective 1:**

Ensure situational awareness throughout simulated event by maintaining a common operating picture.

#### **Capability Targets:**

1. Discuss how to gather information regarding issues/concerns within the organization and how to share this information with Incident Command.
2. Document ongoing actions, needs, and requests on ICS Quick Start Form.

### **Exercise Strengths:**

The performed with “**some challenges**” capability level can be attributed to the following strengths:

**Strength 1:** Alert/Mass Communications Systems are in Place.

**Strength 2:** Good communication plans exist between neighboring facilities.

### **Overall Strength:**

Many participants in the exercise stated they have and utilize mass communication systems with their staff. Facilities identified the communication systems they have developed during COVID-19 as strengths when communicating with local facilities and partners.

### **Areas for Improvement:**

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

**Area for Improvement 1:** Need to identify a liaison to communicate with authorities to verify and clarify the situation.

**Area for Improvement 2:** There is a recognition that the facility has a limited ability to receive phone calls during an emergency situation and would become overwhelmed quickly.

**Area for Improvement 3:** Need to clarify corporate response regarding public information.

**Area for Improvement 4:** Need to understand mass communication systems/alerts in multiple counties due to large geographic service area.

### Overall Area for Improvement:

The majority of participating facilities have mass communication systems, however, they do not all have identified Public Information or Liaison Officers within their organizations. Home Health and Hospice agencies which serve large geographical areas expressed a need to better understand the mass alerting systems for the clients who live in multiple counties.

### Objective 2:

Practice internal and external communication plan.

#### Capability Targets:

1. Activate the internal Communication Plan as outlined in your organizational Communication Plan (to staff, residents, visitors, volunteers, vendors).
2. Activate the external Communication Plan as outlined in your organizational Communication Plan (to off-site staff, family/guardians of residents/patients/clients, vendors, visitors).
3. Discuss how to manage calls from the media or worried family/guardians.

### Exercise Strengths:

The performed with “**some challenges**” capability level can be attributed to the following strengths:

**Strength 1:** One facility tested their communication plan during the exercise and received 50% response rate within 30 minutes.

**Strength 2:** Facilities stated they have well established and tested communication plans including redundancy in communication systems for notification of staff and clients.

### Overall Strength:

It is unclear to this writer how many agencies actually tested their internal or external communication plans during this exercise. Although they were encouraged to do so with “THIS IS A DRILL” before and after the message, the success or failure of these types of communication drills were not reported, other than from one facility.

## Areas for Improvement:

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

**Area for Improvement 1:** Need to provide additional training to staff on new paging systems and how to utilize the mass communication system.

**Area for Improvement 2:** Need to develop a better communication strategy with patients in the event of an emergency.

**Area for Improvement 3:** There is a need to ensure all internal contacts are up to date in the alert system including off-site emergency contact information and cell phone numbers.

## Overall Area for Improvement:

Communication systems are in place, but there is a need to expand awareness of how to utilize these systems by identifying additional system administrators. Communication with staff is a strength, however, timely communication with patients and clients during an emergency is a greater challenge at this time.

## Core Capability 4:

**Alternate Care Facility:** The ability to provide medical care for injured or sick patients or continue care for chronic conditions in pre-determined, non-traditional environments.

## Objective 1:

Discuss pre-identified alternate care facility location and agreements

### Capability Targets:

1. Is there an agreement in writing with an Alternate Care Facility, or what type of arrangement or understanding do you have?
2. If you provide in home services, is your staff prepared to spend time “away from their regular resources?”

## Exercise Strengths:

The performed with “**some challenges**” capability level can be attributed to the following strengths:

**Strength 1:** There are pre-identified alternate care locations identified for patients and residents as needed.

## Overall Strength:

This is a strength particularly for Dialysis and Skilled Nursing Facilities who have multiple locations and “sister” facilities within the region.

## Areas for Improvement:

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

**Area for Improvement 1:** There is an identified need to review MOUs and update bed share and transport agreements.

## Overall Area for Improvement:

Due to the COVID -19 response of the past two and a half years, these mutual agreements and understandings have not been updated and are in need of review.

## Objective 2:

Discuss necessary equipment/supplies required to care for residents for a prolonged period away from their home.

### Capability Targets:

1. Identify what equipment, medication, supplies accompany residents on an “excursion”.
2. Discuss what, if any, changes may be needed to policy or procedures with this scenario in mind.
3. Discuss alternate resources (where else in the community are you able to obtain necessary supplies or equipment quickly?)

## Exercise Strengths:

The performed with “**major challenges**” capability level can be attributed to the following strengths:

**Strength 1:** Pre-identified locations have adequate supplies and equipment.

## Overall Strength:

Several facilities, particularly dialysis and Skilled Nursing Facilities stated their “sister” facilities would have adequate supplies and equipment.

## Areas for Improvement:

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

**Area for Improvement 1:** There is a need to develop a better understanding of transportation needs in this type of event.

**Area for Improvement 2:** Facility reported being unsure if the alternate care facility has the appropriate equipment to safely and effectively care for their residents.

**Overall Area for Improvement:**

Several facilities stated they do not have robust plans in place or up to date MOUs with alternate care facilities. Understanding challenges such as transportation, supplies and equipment at the alternate care facility would be an improvement to this capability.



Date of Exercise: June 15, 2022	Name of Organization: Bethany Home	Name, Phone, Email of PRIMARY POC for this document: Shelly Sontag 715-942-1400 shellys@bethany-home.com	Number of Agencies that participated in this exercise (including your own):  20	Total number of <b>local</b> participants (people) that participated in exercise:  6	
<p><b>Please identify the 3 Greatest Strengths You Observed During this Exercise:</b></p> <ol style="list-style-type: none"> <li>1. We communicated the SITREP with all staff through our payroll application (ADP).</li> <li>2. We set up a command center on campus.</li> <li>3. We shut down outside air intake to eliminate any fumes from coming into the buildings.</li> </ol>			<p><b>Please identify the top 3 Areas of Improvement You Observed During this Exercise:</b></p> <ol style="list-style-type: none"> <li>1. Updating emergency preparedness binder.</li> <li>2. Having Drills to practice.</li> <li>3. Contact outside agencies to update contact info and verify MOUs still current.</li> </ol>		
Target Capability	Identify the Observation you saw that should be corrected	Identified Corrective Action (How should it be fixed?)	Agency Responsible	Individual Responsible	Completion Date
<b>Operational Coordination</b>	Update Emergency Preparedness binder as it is outdated.	Go through sheet by sheet and update	Bethany Home	Dan Allen/Shelly Sontag	7/18/2022
<b>Operational Coordination</b>	Improve drills with staff	Coordinate annual emergency drills	Bethany Home	Dan Allen	7/18/2022
<b>Operational Coordination</b>	MOUs	Contact agencies to discuss MOUs and get contracts completed.	Bethany Home	Shelly Sontag / Mailin Stern	7/18/2022

***Executive Summary:***

***Date of Exercise:*** June 15, 2022

***Name of Agency:*** Bethany Home

On June 15<sup>th</sup>, 2022. The Fox Valley Healthcare Emergency Readiness Coalition Exercise was conducted. Dan Allen, Director of Maintenance/IT, Shelly Sontag, CEO/NHA, Shannon Schuelke, Director of Health Services, Michele Slater, Director of HR & Finance, Sally Swanson, Director of Marketing, Mailin Stern, Administrative Assistant - evaluator were all present. The scenario for this emergency exercise was a tanker that collided with a truck and began to expel all of its hazardous materials. The hazmat gasses then created a plume near the facility and the recommendations for the facility were to take shelter until conditions were safe to resume normal daily functions. This topic was also expanded into evacuation protocols, What would happen if a lockdown of 12-15 hours would be implemented, and how to resume normally once the issue has been resolved.

The three main strengths that were observed during this exercise, by the evaluator, were: 1. We communicated the SITREP (tanker collision) with all staff through our payroll application (ADP) system. 2. We set up a command center on campus.

3. We shut down outside air intake to eliminate any fumes from coming into the buildings. Three opportunities for improvement within the facility and leadership members would be: 1. Updating emergency preparedness binder (contacts, evacuation plans). 2. 3. Improve having Drills to practice. 3. Contact outside agencies to update contact info and verify MOUs still are current.

As for a conclusion to our exercise, this was a success, but also identified areas to improve upon. We would need leaders to understand their expectations and what their roles would be. We would role play a drill, without too much disturbance to residents and not causing fear and panic. Need to implement drills and give feedback from staff on areas they see that need improvement.

***Primary POC: Shelly Sontag***

***Phone: 715-942-1400***

***Email: shellys@bethany-home.com***

<b>Date of Exercise:</b>  June 15, 2022	<b>Name of Agency or Jurisdiction</b> <b>Completing this form:</b>  Brewster Village-Outagamie County	<b>Name, Phone, Email of PRIMARY POC for this document:</b>  Isaiah Tate <a href="mailto:Isaiah.tate@outagamie.org">Isaiah.tate@outagamie.org</a> (920)225-1978	<b>Number of Agencies that participated in this exercise (including your own):</b>  20	<b>Total number of local participants (people) that participated in exercise:</b>  11 participant team	
<b>Please identify the 3 Greatest Strengths You Observed During this Exercise:</b> <ol style="list-style-type: none"> <li>1. Knowledge of the Emergency Preparedness Plan and associated plans and procedures.</li> <li>2. Communication Plan for notifying team members and families.</li> <li>3. Incident command team ability to work within multiple roles to simplify guidance and implementation of the Emergency Plan associated to external chemical spills.</li> </ol>			<b>Please identify the top 3 Areas of Improvement You Observed During this Exercise:</b> <ol style="list-style-type: none"> <li>1. Improve the table of contents in the Emergency Plan binder.</li> <li>2. Build an understanding of the abilities of Gold Cross and other external agencies to enter containment zones.</li> <li>3. Plan for PPE from storage garage to main building if needed.</li> </ol>		
<b>Target Capability</b>	Identify the Observation you saw that should be corrected	Identified Corrective Action (How should it be fixed?)	Agency Responsible	Individual Responsible	Completion Date
<b>Operational Coordination</b>	The table of contents in the emergency plan does not offer the ability to easily find the area needed.	Environmental Services Director will develop chapters and sub sections which would use ways to better identify the areas needed.	Brewster Village-Environmental Services Director	Environmental Services Director	6-20-22
<b>Operational Coordination</b>	Outside agency ability to access Brewster Village in an emergency.	Contact Gold Cross and the hospitals to seek feedback on whether or not they would access Brewster during this type	Brewster Village-Environmental Services Director	Environmental Services Director	6-20-22

		or any type of event which involved a containment zone.			
<p><b>Executive Summary:</b>                  On 6-15-22 at 10:00 am the Brewster Village emergency response team responded to a functional exercise with the local HERC. The Brewster emergency response team was comprised of Isaiah, Chris, Lilly (Public Health nurse), JP (Public Health), Rikki, Scott, Roland, Austin, Jess, and Krissy. The team was notified of an accident on 41 which resulted in an external chemical spill. Over the course of 30 minutes the chemical cloud began moving towards Brewster Village which resulted in a shelter in place activation of the Brewster Village emergency plan.</p> <p>During the event we found that the team had a great understanding of the emergency plan and when to enact the plan according to the policies and procedures. The plan helped the team to identify when and how to communicate with the building, villagers, and families. The team came together and implemented the incident command. During this time we found that a few roles would be best implemented with the same person to best streamline communication and guidance. The team thrived in the use of the plan and caring out the tasks. There were some opportunities for growth with developing a table of contents which highlighted key areas and provided easier use. Additionally, during the event the team was unclear if the Gold Cross or hospitals would be allowed in to the containment areas. After speaking with both agencies, there would be no way to bring some one into or out of the containment zone without the national guard. Brewster would become self-reliant during the time frame which had been presented, but there would be opportunities if the event was prolonged. Brewster village would also need to ensure that they would have necessary PPE on-site as the building was also experiencing a covid outbreak and we store the PPE in the main garage. The Brewster team would need to access this PPE sooner than what was observed in the exercise. The team in all did a great job with the entire exercise. We will be updating the table of contents and communicating the findings with the entire team.</p>					

Date of Exercise:	Name of Agency or Jurisdiction	Name, Phone, Email of PRIMARY POC for this document:	Number of Agencies that participated in this exercise (including your own):	Total number of local participants (people) that participated in exercise:
June 15, 2022	<b>Completing this form:</b> Calumet County Home Health Care/Hospice (HH/H)	Elizabeth Propson 920-849-1432 elizabeth.propson@calumetcounty.org	20	12
<b>Please identify the 3 Greatest Strengths You Observed During this Exercise:</b>			<b>Please identify the top 3 Areas of Improvement You Observed During this Exercise:</b>	
<ol style="list-style-type: none"> <li>1. We have multiple resources for immediate communication and personnel activation within HH/H agency: Agency Calling Tree, Calumet County dispatch, Calumet County Alert Sense/EM, and 211 to be used as a Call Center for extended communication of public information by EM and Communications Director.</li> <li>2. Quick ability to ID patient location by Zip Code filtered Patient Roster within current software system. Hard copy printed wkly.</li> <li>3. Staff and volunteer schedules readily available both electronically and on paper. Great flexibility among staff for rescheduling.</li> </ol>			<ol style="list-style-type: none"> <li>1. For HH/H staff, who is identified as the primary liaison that will communicate directly with Command or Dispatch Center to verify the legitimacy of an emergent situation in our service area <b>during regular business hours?</b> (After hours calls go to dispatch). And who is that person’s contact if they are not available.</li> <li>2. Shelter in place training and policy needed; messaging &amp; pre-planning; to also include Personal Preparedness plans in place by staff to be more readily able to respond.</li> <li>3. Determine most efficient method for notifying HH/H staff of Emergencies (Agency Calling Tree vs. AlertSense with a HH/H lead)....and when to activate county wide ICS if longer response is needed, with consideration given for ICS training for all HHC/Hospice staff in the future.</li> </ol>	

# Calumet County Home Health/Hospice County

CMS Partner Virtual Exercise  
 Operation Shelter in Place  
 June 15, 2022

Target Capability	Identify the Observation you saw that should be corrected	Identified Corrective Action (How should it be fixed?)	Agency Responsible	Individual Responsible	Completion Date
<b>Operational Coordination</b>	HH/H staff haven't been trained in Incident Command roles and responsibilities	HH&H mgmt. staff to take online IS-100 & IS-700 trainings & obtain completion certificates; with eventual roll-out to HH/H staff in the future.	HH/H in cooperation with Calumet County EM and Public Health Nurse	HR requirement for HH/H mgmt staff	Oct 1, 2022
<b>Operational Coordination</b>	Must clearly identify the most effective and timely method for the notification of HH/H, or the entire Health Division	Establish a primary method of emergency group notification; calling tree vs AlertSense; potentially establish more than one notification group within AlertSense	HH/H in cooperation with EM and PHN	Elizabeth Propson, or designee	10/31/2022
<b>Operational Coordination</b>	Must have a well-trained AlertSense system administrator & back-up to efficiently utilize system for internal emergency notifications.	Consider identifying a public health AlertSense system administrator and back-up, and obtain training from county Emergency Manager.	HH/H in cooperation with EM	Elizabeth Propson, or designee	Consider by 10/31/2022
<b>Shelter in Place</b>	HH&H employees may not fully understand what actions must be taken during a "shelter in place" action.	Educate HH&H employees as to the necessary actions that should be taken if within an offsite facility/residence during a Hazmat event and ordered shelter in place. Consider providing or recommending the creation of an employee "Go Kit".	HH/H in cooperation with EM and PHN	Elizabeth Propson, or designee	Consider by 12/1/2022
<b>Operational Communication</b>	HH&H employees may be unable to communicate via cell phones during a disaster event due to cell tower overload.	Establish GET/WPS activation on work cell phones utilized by HH&H staff to enhance connectivity to EMS and related personnel in an emergency situation	EM in cooperation with IT	Bernie Sorenson, EM	12/1/2022

# Calumet County Home Health/Hospice County

CMS Partner Virtual Exercise  
 Operation Shelter in Place  
 June 15, 2022

<b>Alternate Care Facility</b>	HH/H staff may not fully understand transportation service requirements and emergency contacts.	Confirm local transportation company contacts, and ensure necessary agreements are in place for quick request and procurement	EM	Bernie Sorenson, EM	12/01/2022 2
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### Executive Summary:

Calumet County Home Health Care and Hospice participated in a Virtual CMS Partners Exercise for Emergency Preparedness on 6/15/2022 with our HH/H agency leadership, Calumet County Communications, Emergency Management, Law Enforcement, Human Services Social Worker, Public Health Emergency Prep nurse, and local Fire Dept. This exercise was sponsored by the FVHERC who rolled out SitReps for a Shelter in Place scenario.

\*SitRep #1 laid out the scenario of a HazMat situation in our service area. We identified a person as Internal Command and other agency roles were identified. It was unclear who would take Internal Command’s place if unavailable during regular working hours, esp. if the situation became larger in scope that what Agency Command could handle.

\*SitRep #2 identified Shelter in Place rules in place by local Fire Dept. Shelter in Place was not readily understood by HH/H agency staff. Local Fire Dept rep in the room gave explanation of that. Role played enacted Agency Calling Tree in real time for “This is a Drill” scenario. AlertSense was activated to all Agency staff signed up. Lapse in calling of the full Health Dept staff occurred with the Calling Tree. Only HH/H staff were activated. Secretaries and Public Health Staff were omitted in error. Quick identification of patients in affected “drill area” were brought up by software filtering capability. Discussion ensued over efficiency of use of Agency Calling Tree vs County wide AlertSense notification system.

\*SitRep #3 the area is blocked off from anyone entering or leaving. Patients and families are calling our office. Staff is stranded. County Communications personnel were brought into this discussion along with Sheriff’s dept, Fire and EM as the situation is now requiring assistance beyond just agency decision making. Discussion took place on bogging down of phone lines, and the rolling out of county wide communications to the media, and utilizing 2-1-1 system for additional assistance in Call Center capability through the United Way. Agency staff addressed immediate patient and family concerns. Agency staff stranded cited concerns over not being personally prepared for child care needs, among other personal preparedness issues, if not able to leave the scene.

\*SitRep#4 gave the report that All Clear would not occur for another 12-15 hrs. Agency supervisors brought out schedules to prepare for changes in staff scheduling to relieve staff once All Clear is given. Staff is very flexible in adjusting to the needs of patients and co-workers. Financial rep was not initially brought to the table, but may need to be considered now at this step due to extended nature of the emergency and costs being incurred by the agency.

\*SitRep #5 All Clear is given. Staffing adjustments are made. Community communications discussion continued to take place utilizing the Community Incident Command and the media. Staff can receive immediate agency specific notification via the Calling Tree or AlertSense. It was a

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It is unclear who our sources of transportation may be in an emergency situation to relocate patients if necessary. Community partners are identified in red Emergency Prep folder in front office, but not a strong listing of transportation options.

A Hotwash occurred after the SitReps were completed identifying our positives and some areas for improvement as noted above. The scenario was successful in identifying some lapses in our process that we will work on correcting as noted above, but overall we felt successful in addressing the immediate concerns of contacting staff and patients/families timely. As the situation seemed to escalate, we were a bit unsure of how and when to utilize extensions of our County and community partners. County communications systems may research readiness in utilizing 2-1-1 as another option for larger scale events that may occur. A decision will need to be made as to whether or not our agency stays with an internal agency Calling Tree or switches over to the county AlertSense system for staff notifications. Agency management will be participating in mandatory county required IS-100 and IS-700 training this year. After the formal After-Action report on this exercise is received with its outcomes, it will be rolled out to all HH/H staff during staff meetings over the next few months and will be shared with new staff as well to meet the CMS training requirement.



Date of Exercise:	Name of Agency or Jurisdiction	Name, Phone, Email of PRIMARY POC for this document:	Number of Agencies that participated in this exercise (including your own):	Total number of <b>local</b> participants (people) that participated in exercise:	
June 15, 2022	<b>Completing this form:</b>  <b>DaVita Dialysis Clinics:</b> <ul style="list-style-type: none"> <li>• Oshkosh West</li> <li>• Green Lake County</li> <li>• Fond du Lac</li> <li>• Fox River</li> <li>• Marinette</li> <li>• Allouez</li> <li>• Manitowoc</li> <li>• Sheboygan</li> <li>• Green Bay</li> <li>• Tiletown</li> <li>• Sturgeon Bay</li> </ul>	Amber Dassow 920-216-8445 Amber.dassow@davita.com	20	5	
<b>Please identify the 3 Greatest Strengths You Observed During this Exercise:</b>			<b>Please identify the top 3 Areas of Improvement You Observed During this Exercise:</b>		
1. Good communication plans in place between neighboring facilities 2. Ability to provide back-up locations for patients 3. Teammates have good working knowledge of emergency plans and who to contact if needing support.			1. How to secure unit from air flow and turning off HVAC system. 2. Coordinating staffing plans for next day to get fresh staff in to care for patients. 3. Keeping the unit, teams, and patients cool in high heat situations		

Target Capability	Identify the Observation you saw that should be corrected	Identified Corrective Action (How should it be fixed?)	Agency Responsible	Individual Responsible	Completion Date
<b>Shelter in Place</b>	Unknown how to turn off HVAC system and preventing any further airborne exposures within facility.	Reach out to Genesis Facility Services for each facility to ensure we are aware of how to do this at each of our buildings.	DaVita	Facility Administrator	8/31/22
<p><b>Executive Summary</b>                      6/15/22                      Amber, Kathy, David, Kelly and Alicia                      Documentation saved as attachment for scenario --- hazardous materials spill                      See Strengths and weaknesses above.                      Strengths/Lesson learned -- We have strong communication in place between administrators, directors and clinical staff. We do have some needs for physical corrections if needing to secure facility from airborne issues such as turning off the HVAC system.                      Implementation – Remain compliant with on hire and annual teammate emergency preparedness trainings. Annually review facility emergency plan. Continue to participate in HERC events and discussions.</p>					

<b>Date of Exercise:</b>  June 15, 2022	<b>Name of Agency or Jurisdiction</b> <b>Completing this form:</b>  Evergreen Retirement Community	<b>Name, Phone, Email of PRIMARY POC for this document:</b>  Kendra Arguello 920-237-2102 karguello@evergreenoshkosh.com	<b>Number of Agencies that participated in this exercise (including your own):</b>  20	<b>Total number of local participants (people) that participated in exercise:</b>  18	
<b>Please identify the 3 Greatest Strengths You Observed During this Exercise:</b> 1. Having a set Communication Plan that details so much about how/when/who/etc. to communicate with staff, community and residents in an emergency. And experience using it. 2. Detailed policies for different emergencies to guide handling them and agreements with other organizations for support. 3. Staff knowledge – we have so many long-term staff who know the organization and tools available to them in an emergency.		<b>Please identify the top 3 Areas of Improvement You Observed During this Exercise:</b> 1. We have one phone line that is answered by one person during after-hours and in an emergency that number could be difficult to get through on and handle all the calls by one person causing a communication issue. 2. We have a lot of newer charge nurses that are in charge of the building after hours that are not as familiar with the policies and plans in place for an emergency. 3. The system in which we enter our organizations information on open beds is only managed by one person.			
<b>Target Capability</b>	Identify the Observation you saw that should be corrected	Identified Corrective Action (How should it be fixed?)	Agency Responsible	Individual Responsible	Completion Date
<b>Operational Communication</b>	Our current communications have limitations.	Finding a communication system that can fit more of our needs and	Evergreen	Marketing	12/31/2022

		determining if it will fit within the budget.			
<b>Shelter in Place</b>	We do not have enough fans or heaters needed for the organization.	Purchasing more fans and safe heaters (tip over off).	Evergreen	Facilities Manager	12/31/2023
<b>Shelter in Place</b>	Do not have any HAZMAT supplies for staff to protect	Determine organization’s ability to purchase limited HAZMAT materials	Evergreen	Executive Team	12/31/2023

**Executive Summary:**

On Wednesday, June 15<sup>th</sup> Evergreen’s leadership team members (Jane Peters, Chris Wenzel, Walter Cartwright, Josh Steuer, Sarah Smits, Kelly Rollo, Lisa Ruiz, Sarah Averkamp, Shawn Loskot, Kristine Beisenthal, Bill Krueger, Ashley Wagner, Jill Walters, Jason Knoll, Erin Sanders, Erin Seiser, Cindy Lewis, Kendra Arguello) participated in a Table Top Exercise led by Optima Emergency Preparedness. In the exercise there was a hazardous materials emergency which led to the facility being locked down and no one being able to come or leave what ended up lasting over shift changes.

In working through the scenario together we identified the following strengths of our organization: 1. Our Marketing team has a comprehensive communications plan written and available to staff to utilize. 2. Policies are readily available to all staff that clearly indicate how to react and give pertinent information as to resources available. 3. There is a lot of knowledge between those on the leadership team from experience in emergency situations and knowledge of the organization.

We also identified some areas of weakness for improvement. 1. Our charge nurse has a phone that is only one phone line. All calls to the organization after hours are forwarded to that phone. In an emergency there may be an overwhelming number of calls coming in making it difficult for the nurse to manage and care for residents in addition to being able to makes calls out and filter through the important calls coming in. Marketing and the Executive Assistant had some ideas to handle this issue and we will discuss further with the Executive Team to identify potential options 2. Due to changes in nursing staff a lot of our charge nurses have not been at Evergreen long enough to have experienced emergency situations and are not as prepared and knowledgeable. We will work with the nursing staff to have exercises that will help them gain these experience and knowledge at their monthly meetings. 3. Our organization participates in a program by indicating open beds so it an emergency situation other organizations would know what we have available and vice versa. Almost all staff were not aware of this system and only one staff member manages the system and knows how to use it. To correct this we will have other staff train to be able to use also.

Overall, the exercise was a success. It gave leadership at our organization a chance to review and exchange information together in this setting. We learned that in a lot of way our organization is well prepared for emergency situations but there were ways identified in which we could be better. Moving forward our organization will continue to use scenarios and exercises to practice.

<b>Date of Exercise:</b>  June 15, 2022	<b>Name of Agency or Jurisdiction</b> <b>Completing this form:</b> Family Health La Clinica	<b>Name, Phone, Email of PRIMARY POC for this document:</b> Liz Parizo 920-787-9433 <a href="mailto:Liz.Parizo@famhealth.org">Liz.Parizo@famhealth.org</a>	<b>Number of Agencies that participated in this exercise (including your own):</b>  20	<b>Total number of local participants (people) that participated in exercise:</b>  8	
<b>Please identify the 3 Greatest Strengths You Observed During this Exercise:</b>  1. We have a strong foundation for our emergency preparedness framework 2. We quickly identified the emergency team 3. There was good communication between leaders across locations		<b>Please identify the top 3 Areas of Improvement You Observed During this Exercise:</b>  1. More defined plan on how we are going to contact our patients when there is an event 2. A consistent policy to follow – we currently have several policies that cover the same thing. These need to be combined and updated 3. Some job duties need better role definition (ex. Safety coordinator vs Quality Director)			
<b>Target Capability</b>	Identify the Observation you saw that should be corrected	Identified Corrective Action (How should it be fixed?)	Agency Responsible	Individual Responsible	Completion Date
<b>Operational Communication</b>	We rolled out a new phone system and staff wasn't trained on how to use the paging function	Create a one-page paging sheet and share with staff on how to use our paging functionality. Ensure this is	FHLC	COO	6/17/2022 (this has already been

		printed out and placed by all phones in our buildings.			corrected and completed )
<b>Operational Communication</b>	Information in organizational wide disaster plan consisted of out-of-date contacts and hadn't been updated in a few years	Update the Organizational Wide Disaster plan and create Emergency Operation Plans for each building to support the organizational wide disaster plan <ul style="list-style-type: none"> <li>- Include a recommendation for staff to have a personal contingency plan for their children/family/pets should they be required to stay past their shift</li> </ul>	FHLC	COO/Director of Quality and Compliance	9/2/2022
<b>Operational Communication</b>	Phone numbers and contact information incorrect in disaster plan. There was not a defined pathway on who's calling who in the case of an event	Create a call tree for our incident command structure and ensure there is a well-defined pathway for notification of calls/messages to departments and staff in the case of an event	FHLC	COO/Service Line Directors and Leaders	9/2/2022
<b>Operational Communication</b>	No process in place for individuals (patients and staff) that wanted to leave the facility regardless of the public safety order to shelter in place	Update our shelter in place policy to add something to have individuals sign should they decide to leave against advice of the public safety order	FHLC	COO/Director of Quality and Compliance	9/2/2022
<b>Shelter in Place</b>	We didn't have any bottled water or snacks on hand for the staff and patients that we had to shelter in place	Ensure each of our facilities has bottled water and non-perishable snacks on site for patients/staff for shelter in place	FHLC	Facilities Manager	9/2/2022

<b>Operational Coordination</b>	Emergency response kits not standardized at each location – need to be updated.	Emergency response kits at each location need to be standardized and updated	FHLC	Facilities Manager	9/2/2022
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**Executive Summary:**

On June 15, 2022 members of the leadership team at Family Health La Clinica participated in an exercise with other agencies where we were able to practice our response to a hazmat spill outside our facility that required us to shelter in place. Members of the team who participated in the exercise included our COO, CFO, Director of Revenue Cycle, Director of IT, Director of Dental Services, Facilities Manager, Clinic Operations Manager, Director of Business Development, and our executive assistant as the evaluator and recorder.

The scenario for the exercise was as follows:

At 2 p.m. on a Thursday in June, on an unusually HOT day, a tanker truck on your local highway was hit by a one-ton pick-up truck. After the collision a low-lying cloud formed in the area of the accident resulting in a Hazardous Materials incident for your local community. Your administrator is off site today at a training and is only able to call into the facility.

Your residents/patients/clients notice there are a lot of emergency response vehicles in the area and are concerned about what is happening. Someone has noticed on social media that there is a report of an accident with a tanker truck and some kind of “spill”.

We were notified by our local Fire Department that we needed to shelter in place due to the HazMat situation and a plume moving in our direction. The shelter in place was not an option. Law enforcement rerouted traffic around and away from the incident not allowing anyone to come to our clinic and were we notified that it was not likely to be cleared up for at least 12-15 hours. We finally received the “all clear” at 2 am. after sheltering in place with staff and patients that were in the clinic for a total of 12 hours.

For our strengths we were able to identify that:

1. We have a strong foundation for our emergency preparedness framework
2. We quickly identified the emergency team
3. There was good communication between leaders across locations

For our weaknesses we learned that:

1. More defined plan on how we are going to contact our patients when there is an event
2. A consistent policy to follow – we currently have several policies that cover the same thing. These need to be combined and updated
3. Some job duties need better role definition (ex. Safety coordinator vs Quality Director)



Overall, we learned a lot and have some good opportunities for improvement! It was a great event and a good opportunity to put our plan in place and learn and grow.

<b>Date of Exercise:</b>  June 15, 2022	<b>Name of Agency or Jurisdiction Completing this form:</b>  Heartland Hospice, Fond du Lac	<b>Name, Phone, Email of PRIMARY POC for this document:</b>  Kelly Casper 920-266-4514 <a href="mailto:Kelly.casper@promedica.org">Kelly.casper@promedica.org</a>	<b>Number of Agencies that participated in this exercise (including your own):</b>  20	<b>Total number of local participants (people) that participated in exercise:</b>  4	
<b>Please identify the 3 Greatest Strengths You Observed During this Exercise:</b> <ol style="list-style-type: none"> <li>Emergency binder / policies are up-to-date with current contact information.</li> <li>50% of our staff responded within 30 minutes of notification of disaster</li> <li>Incident Command on scene of incident – where was it set up and how do we get updates.</li> </ol>			<b>Please identify the top 3 Areas of Improvement You Observed During this Exercise:</b> <ol style="list-style-type: none"> <li>Making sure all office staff know where the emergency response container is located, which contains batteries, radio, hard phone line, etc.</li> <li>How to get on a mass notification system with the various counties that we service</li> <li>Corporate response regarding any media concerns</li> </ol>		
Target Capability	Identify the Observation you saw that should be corrected	Identified Corrective Action (How should it be fixed?)	Agency Responsible	Individual Responsible	Completion Date
Operational Coordination	All leadership staff not aware of where emergency bin / binder is located.	Educated on location and contents of emergency bin.	OM	OM	6/15/22
Shelter in Place	All leadership staff not aware how to turn off HVAC system	Education on how to shut down.	OM	OM	6/15/22

<b>Operational Coordination</b>	How to contact incident command	Verify who should be contacted and confirm how we would get updates in such a situation.	Admin	Admin	6/15/22
<p><b>Executive Summary:</b>                  On 6.15.22, agency leadership including Admin, DPS, PCM and OM participated in a community drill to Shelter in Place.</p> <p>The scenario included that at 2pm on a Thursday in June, on an unusually hot day there was a tanker truck accident on our local highway near the office that caused a low-lying cloud to form in the area resulting in a hazardous materials incident for our agency.</p> <p>We identified who the key leaders who would assume contract of the situation. All staff were notified via email of the situation and were asked to respond to email with acknowledgement and their location. 50% of staff responded within 30 minutes of email. For those that did not respond via email, phone tree would be activated to call remaining staff to verify location and safety.</p> <p>We would notify local facilities where we have patients located of the incident as well to confirm their knowledge of the event.</p> <p>HVAC system was shut off to avoid intake and doors were locked to confirm no entry to the building. All staff at office were required to remain until all clear was given. They were notified to contact family members to let them know of the situation and not being able to leave office. Fans, snacks, and water available to keep staff comfortable.</p> <p>We discussed how we would handle reopening the office the following day noting most of the office staff were at the office until 2AM. Discussed transferring phones to alternative answering location for a time period until office staff back at location.</p> <p>Strengths &amp; weaknesses identified above.</p>					

<p><b>Date of Exercise:</b>  June 15, 2022</p>	<p><b>Name of Agency or Jurisdiction Completing this form:</b>  Orthopedic and Sports Surgery Center</p>	<p><b>Name, Phone, Email of PRIMARY POC for this document:</b>  Heather Coonen  <a href="mailto:Heather.coonen@osifv.com">Heather.coonen@osifv.com</a>                  920-560-1168</p>	<p><b>Number of Agencies that participated in this exercise (including your own):</b>  20</p>	<p><b>Total number of local participants (people) that participated in exercise:</b>  18</p>	
<p><b>Please identify the 3 Greatest Strengths You Observed During this Exercise:</b></p> <ol style="list-style-type: none"> <li>1. Emergency information is accessible to all staff. It is in a binder that can be retrieved and available electronically for all team members to access.</li> <li>2. During the exercise, the team members had advanced awareness and were always trying to think of the next steps.</li> <li>3. Emergency information is easy to navigate.</li> </ol>		<p><b>Please identify the top 3 Areas of Improvement You Observed During this Exercise:</b></p> <ol style="list-style-type: none"> <li>1. Safety responsibility in progress of shift from dedicated team members to all staff model for baseline and initiation of situation management, communication and knowledge deficit. Additional communication and education needed.</li> <li>2. Knowledge deficit related to individual staff communication (Phone Tree).</li> <li>3. Implement ask to team members when we are making phone calls to them if they can assist their co-workers with emergency plans if a shelter in place situation occurs.</li> <li>4. Multiple exercise participants stated they did not have emergency backup plan for child/pet care in the instance they are unable to leave work.</li> </ol>			
<p>Target Capability</p>	<p>Identify the Observation you saw that should be corrected</p>	<p>Identified Corrective Action (How should it be fixed?)</p>	<p>Agency Responsible</p>	<p>Individual Responsible</p>	<p>Completion Date</p>

# Orthopedic and Sports Surgery Center

CMS Partner Virtual Exercise  
 Operation Shelter in Place  
 June 15, 2022

<b>Operational Coordination</b>	Multiple staff members verbalized that emergency management to be handled by "Safety Officers". Model was changed mid-2021 and communicated to staff. Education	Communication and education to staff on what process is for emergency management, continue with current education in short module format and additional callouts in Education Days.	All ASC staff	J Karls and A. Milhaupt	12/31/22
<b>Operational Communication</b>	Multiple staff member verbalized did not know of phone tree Knowledge deficit related to individual staff communication (Phone Tree). Implement ask to team members when we are making phone calls to them if they can assist their co-workers with emergency plans if a shelter in place situation occurs. Multiple exercise participants stated they did not have emergency backup	<ul style="list-style-type: none"> <li>• Communicate to staff location of phone tree, add to annual safety tour check off, Review Incident Command Binder and Go Pack at next two Ed Days</li> <li>• Create updated document to go with Phone tree asking about resources available if needed</li> <li>• Research and creation of tool to offer to staff related to emergency back up plans.</li> </ul>	OSI Leadership Team	J Karls, L. Baker A. Milhaupt	12/31/22  1 <sup>st</sup> review with staff scheduled for 7/6/22

	plan for child/pet care in the instance they are unable to leave work.				
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### Executive Summary

On 06/15/2022 the OSI Ambulatory Surgery Center participated in the Fox Valley HERC sponsored Emergency Management an exercise for a community wide disaster. The scenario presented was a hazardous chemical spill creating an aerosolized hazard that spread in cloud form community wide with a several mile radius effected. The incident contained five scenarios of differing levels of actionable items to be managed by the team. Within each scenario, a different staff members activated the internal overhead communication system using scripted format listing what emergency was, that it was a drill, where it was located and again it was a drill.

For each scenario documentation and resources were then located by participants in physical and electronic format. The protocols were reviewed real time with participants, actions items identified and completed by participants and needed supplies located.

In attendance was a multi-disciplinary team from seven departments and two employers within our building: Ashley Milhaupt-ASC Business Supervisor, Lesley Baker RN-ASC Director, Jessica Karls RN-Quality Manager, Heather Coonen RN-Informatics , Russ Gignac Facility Manager, Lisa Gregorius-RN, Total Joint/PA, Tracy Fiorentino SPD lead, Jen Flora-RN, OR, Rachel Lancaster-RN, Total Joint/PAS, Jenni Disterhaft-RN, Total Joint/PAS, Erica Blair- RN, Prep/PACU lead, Kristen Ebert-RN, Prep/PACU, Sandy Van Handel-RN, Prep/PACU, Wendy Kamka-RN, Prep/PACU, Penny Fox-RN, Prep/PACU, and Erin Boelter-Patient Service Representative-front desk.

Marissa Duffy- OCA/VOC Clinic Manager

Each scenario was facilitated by A. Milhaupt and evaluated by H. Coonen.

The three strengths identified were: emergency protocols are easily accessible. A binder is available in printed format and in multiple locations electronically. During the drill, the team members had excellent awareness and foresight, consistently determining future steps of scenario management for both patients and employees. The emergency information is well organized and easy to navigate. Opportunities for improvement that were identified: additional communication and education is needed to support all staff to be able to initiate the code process, not just leadership, updating the staff communication “phone tree” to include an ask about resources available to assist others i.e. childcare, transportation etc. and encouraging employees to create a personal action plan for emergency backup plans for pets/children in a prolonged shelter in place scenario.

Participation in the exercise was successful at identifying gaps in communication and knowledge of staff members related to functioning in a community wide disaster, a multidisciplinary team was able to bring many perspectives into plan and elicited multiple actionable options for resolving gaps. The ASC will continue with current safety education initiative with multi modal format of electronic modules and review quizzes, in person safety tours and onsite drills within education days multiple times a year. The next scheduled education day of 7/6/22 will be adjusted to review multiple items used in this exercise: Go Pack, Incident Binder, Incident supply bag.

<b>Date of Exercise:</b>  June 15, 2022	<b>Name of Agency or Jurisdiction</b> Completing this form:  Park View Health Center	<b>Name, Phone, Email of PRIMARY POC for this document:</b>	<b>Number of Agencies that participated in this exercise (including your own):</b>  20	<b>Total number of local participants (people) that participated in exercise:</b>	
<b>Please identify the 3 Greatest Strengths You Observed During this Exercise:</b> <ol style="list-style-type: none"> <li>1) Excellent communication and collaboration among staff</li> <li>2) Emergency plans are in place</li> <li>3) Staff were aware of emergency contacts for support and where to find information when needed</li> </ol>			<b>Please identify the top 3 Areas of Improvement You Observed During this Exercise:</b> <ol style="list-style-type: none"> <li>1) Additional depth in emergency contact info was a need identified by staff during exercise (i.e. 2<sup>nd</sup> or 3<sup>rd</sup> on-call person at Facilities maintenance dept. outside of business hours)</li> <li>2) Staff is not familiar with HVAC system – how to shut off outside air, will AC still work if outside air is shut off</li> <li>3) Although discussion was very good regarding a need to triage and treat residents if EMS is unable to come onsite, it may be beneficial to develop an outline or checklist identifying preferred methods to accomplish emergency treatment.</li> </ol>		
Target Capability	Identify the Observation you saw that should be corrected	Identified Corrective Action (How should it be fixed?)	Agency Responsible	Individual Responsible	Completion Date
<b>Shelter in Place: Protect &amp; Secure facility</b>	There was some difficulty in reaching the appropriate resource	Acquire more depth in contact list so there are options when the first call is unsuccessful	PVHC	Administrator and/or Staff Development Coordinator	8/1/2022



# Park View Health Center

## CMS Partner Virtual Exercise Operation Shelter in Place June 15, 2022

	person with questions about HVAC system	Match Admin Emergency Manual to the RNSS Manual  Add Shelter in place policy and procedure to the neighborhood Emergency manuals			
<b>Shelter in Place: Protect &amp; Secure facility</b>	Uncertainty whether the HVAC system could maintain air cooling while on recirculate	Obtain basic instruction from Facilities on how to shut off outside ventilation and use AC/Heat	PVHC Facilities Department	Administrator and/or Staff Development Coordinator	8/1/2022
<b>Shelter in Place: Communicate &amp; Control Facility Access</b>	None observed	Staff clearly understood communication needs and how to activate plans in place  Turn COVID Communication plan into a facility wide emergency preparedness communication plan	PVHC	Administrator and/or Staff Development Coordinator	8/1/2022
<b>Shelter in Place: Determine EMS Availability/Access</b>	Players did actually call EMS and get information; during discussion on triage, there was uncertainty on how it would work	Outline a plan on what/where/how triage and treatment of residents could be handled if the facility was locked down with no access for EMS to come in	PVHC	Administrator and/or Staff Development Coordinator	8/1/2022

**Executive Summary:**

Staff was very comfortable working together, sharing thoughts and collaborating on response actions and problem-solving, yet also took direction confidently from leadership and didn't question decisions made. Leadership identified the need to update emergency response plans and re-organize the plan binder – plan is in place but hasn't been updated recently. In spite of that, there was a familiarity with the plan and even though it sometimes took a bit of digging to locate information, staff knew it was there somewhere and found it. This exercise demonstrated a clear understanding of plans, processes and priorities; the staff worked well together to accomplish tasks as needed. Leadership was obviously familiar with ICS and understood how it would be used in the incident. I noticed that the players were frequently "ahead of the game" in their thinking...with the artificiality in timing that is built into the exercise (15-minute segments created for each part), they were often already problem-solving an issue that would be presented in the next segment. Kudos to forward-thinking!

Some thought might be given to creating checklists for use during emergencies, as it would help employees that are not as familiar with emergency response, if they happened to be on-shift when something happened. Helping employees develop plans or checklists to "cover" issues at home during an emergency if they are required to work longer than usual may also be beneficial. As in most cases, the only true need is practice and experience – additional exercising and training more staff to have depth in people familiar with emergency response will benefit everyone.

# Preferred Home Health Care

CMS Partner Virtual Exercise  
 Operation Shelter in Place  
 June 15, 2022

<b>Date of Exercise:</b>  June 15, 2022	<b>Name of Agency or Jurisdiction</b> <b>Completing this form:</b>  Preferred Home Health Care	<b>Name, Phone, Email of PRIMARY POC for this document:</b>  Stephanie Mille (920)725-1116 Smille@phhcare.com	<b>Number of Agencies that participated in this exercise (including your own):</b>  20	<b>Total number of local participants (people) that participated in exercise:</b>  5	
<b>Please identify the 3 Greatest Strengths You Observed During this Exercise:</b> <ol style="list-style-type: none"> <li>1. HERC relationship</li> <li>2. Individualized Emergency Plans are available for each client</li> <li>3. Remote access to emergency plans, employee &amp; client information is available to leadership staff in the event that access to the office is not possible.</li> </ol>			<b>Please identify the top 3 Areas of Improvement You Observed During this Exercise:</b> <ol style="list-style-type: none"> <li>1. No public information officer named for agency</li> <li>2. No specific employee personal preparedness policy</li> <li>3. Unsure about liability/accountability if staff/clients do not follow shelter in place orders.</li> </ol>		
Target Capability	Identify the Observation you saw that should be corrected	Identified Corrective Action (How should it be fixed?)	Agency Responsible	Individual Responsible	Completion Date
<b>Operation Coordination</b>	Administrator is out of state on a regular basis and not able to act in the role of Incident Command	Another person in a leadership role should be assigned this duty, possibly the Director of Nursing.	PHHC Administrator	Administrator	8/31/2022

### **Executive Summary:**

Preferred Home Health Care staff participated in a Virtual Exercise for CMS partners on June 15<sup>th</sup>, 2022.

The participants of the exercise were the Director of Nursing, two Nursing Supervisors, the Operations Manager, and the Assistant Scheduler. The scenario for the exercise was a hazardous material incident on a hot day resulting in a prolonged (12 hour) shelter in place order. As a group we practiced activating Incident Command and locating Emergency Operations Plan. We talked about how we would manage with and without access to the physical office and what the logistics of that would look like. We practiced activating employee phone chains to notify all staff of the situation.

Some strengths we observed while running the exercise are that we already have an Individual Emergency Plan for each client that addresses response to most emergency situations. The key leadership staff (DON, RN Supervisors, and Operations Manager) have remote access to employee and client information, employee & client schedules, and Emergency Policies in the event that situations need to be handled off site. Our agency is a member of FV HERC and we have access to their resources as well.

Some opportunities we observed were that staff are not currently signed up for a county mass notification system. Our agency does not have an assigned Public Information Officer. Our agency Emergency Plan does not specifically address the employee's personal preparedness (i.e. Child care, pet care, food/drink provision) in the event that they need to shelter in place or are detained due to emergency.

Overall, I feel the exercise was successful and we learned a great deal. We have the benefit, as a home health care company, that our physical building is not hugely important. Our clients are very spread out in geography so a hazardous material incident such as the one we practiced would in reality most likely only effect one or two clients at one time.

Going forward, we will need to examine more closely the employee side of our emergency plan, add to those policies, and train staff. Administrator will need to identify who will take on the role of Incident Command when she is unavailable.

<b>Date of Exercise:</b>  June 15, 2022	<b>Name of Agency or Jurisdiction Completing this form:</b>  St. Joseph Residence	<b>Name, Phone, Email of PRIMARY POC for this document:</b>  Kelly Groat 920-982-5354 kgroat@sjrcare.org	<b>Number of Agencies that participated in this exercise (including your own):</b>  20	<b>Total number of local participants (people) that participated in exercise:</b>  11	
<b>Please identify the 3 Greatest Strengths You Observed During this Exercise:</b> <ol style="list-style-type: none"> <li>1. We have a very organized procedure for emergency planning and the layout of our emergency protocols are easy to follow.</li> <li>2. Very good teamwork in regards to collaborative problem solving and trouble-shooting with vested interest for both the staff and residents.</li> <li>3. Adaptability under pressure not only with the scenario, but also trouble shooting with technical difficulties, staff being ill and being able to run the exercise successfully as a team.</li> </ol>		<b>Please identify the top 3 Areas of Improvement You Observed During this Exercise:</b> <ol style="list-style-type: none"> <li>1. Ability to access emergency policy and procedures, and emergency communication applications at home if either access is not able to be granted to enter the building, or if managers who live farther away from the building can guide and assist incident command or staff in procedures to implement.</li> <li>2. Practicing more “on the floor” drills in relation to going more in depth with procedures other than fire, missing person, and inclement weather.</li> <li>3. Making sure that we have adequate lifts and supplies and/or equipment at our off-site facility in the case that we would need to do an evacuation to another one of our communities.</li> </ol>			
Target Capability	Identify the Observation you saw	Identified Corrective Action (How should it be fixed?)	Agency Responsible	Individual Responsible	Completion Date

# St. Joseph Residence

CMS Partner Virtual Exercise  
 Operation Shelter in Place  
 June 15, 2022

	that should be corrected				
<b>Operational Coordination</b>	Ability to access policy and procedures at home if access is not granted to the building.	Create 3 work emergency policy binders for Laurie Shaw, Gidget Blank, and Kelly Groat to take home.	Kelly will create 3 new binders and distribute	Kelly Groat	7/5/22
<b>Operational Communication</b>	Facility needs to identify a clear communication plan when incident command is initiated.	Create a communication plan and identify personnel of the organization who will be main communicators identifying their roles and responsibilities.	Executive Admin	Gidget & Laurie	7/15/22
<b>Operational Communication</b>		Create a white board to identify who the incident commander, public information officer, etc. is and to list for staff what the priorities are for the next ½ hr,-4 hrs., etc. (Using the Quick Start sheet format) and who to go to with questions so there is identification of the person in charge of that task completion.	Executive Admin	Gidget & Laurie	7/15/22
<b>Operational Communication</b>		Update the Robocall manager list and have a procedure for ongoing review to ensure up to date.	Executive Admin	Gidget & Laurie	7/15/22
<b>Alternate Care Facility</b>	Ability to have full lifts available at Washington Center	Complete lift inventory for each community. Review need for purchasing a new full lift for the Washington Center Assisted Living. Implement procedure to verify ongoing checks that equipment is in place.	Purchasing	Kelly Groat	7/5/22

## St. Joseph Residence

**CMS Partner Virtual Exercise  
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<b>Shelter in Place</b>	Practicing more “on the floor” drills in relation to going more in depth with procedures other than fire, missing person, and inclement weather.	Have the safety committee plan other emergency scenarios for us for the 3 <sup>rd</sup> and 4 <sup>th</sup> to work through with the staff on the floor like we did for this exercise.	Safety Committee	Safety Committee	7/31/22
<b>Emergency Preparedness</b>	Identify what others have done in this situation.	Reach out to Carol Glocke and Cindy Preuss to see if they could share their experience when the train derailed in Weyauwega years ago.	Safety Committee	Kelly Groat	7/15/22

### Executive Summary:

The Exercise was held on 6/15/2022 and followed the scenario of a chemical spill nearby. Our three assisted living communities, administration staff, and skilled nursing facility leadership team members participated.

Participants from our organization were Gidget Blank Executive Director, Laurie Shaw HR Director, Jordan Thompson Activities Director, Kelly Groat Purchasing & Safety Committee Chair, Rick McGrath, Food Service Director, Dominique Cummings Resident Service Director for WC RCAC, Kim Peebles, MDS RN & Memory Care Unit RN, Jennifer Ponfil Director of Nursing, Dan Mercer RN Care Coordinator, & Gwenn Radtke MDS Coordinator, Tammy Struczynski, LPN / CBRF Resident Service Director, and recorded by Crystal Ebert Billing.

Overall, this was a successful exercise because we were able to review multiple procedures that could pertain to a chemical spill that would cause us to shelter in place, discussed what would happen if the event occurred on the night shift when there is limited staff in the building, and to discuss what would we need if we had residents that needed to be evacuated or temporarily housed at our RCAC a mile away. This allowed us to review and discuss our shelter in place plans, emergency response, evacuation plan to our community one mile away, the necessities of food, water, and E.R.P. for utility outage and or the need to shut down our ventilation systems.

### Actions taken and result of actions:

- The Executive Director went to send out an emergency robocall to all managers to notify of the emergency situation and found the manager group had been deleted from the application. This identified a gap in our emergency procedure.
- CBRF RN, Dan Mercer contacted Gold Cross Ambulance to see if EMS would be able to assist us if our residents needed emergency care. They replied depending on where the incident was and what directive they were given by onsite emergency personnel would determine their ability to assist. Our building would not be on the highest list for response since we have nurses in our building.
- Maintenance contacted Hoffman Heating and Cooling to see if they could come and assist the maintenance team in shutting down the facility's ventilation.

### Three Strengths we Identified:

1. ***We have very organized procedures in regards to emergency response and the layout of our emergency protocols are easy to follow.***
2. ***Our team has very good teamwork in regards to collaborative problem solving and troubleshooting with vested interest for both the staff and residents.*** One of the response items we identified we could add to our plan included reaching out to our local heating and air conditioning vendor during the exercise to see if they could come provide assistance to our maintenance team in an emergency to assist our maintenance team in shutting down air ventilation. Many of our vendors are located in our immediate area and know our buildings well. We need to add them as a resource to contact to assist our maintenance team of three.
3. ***With our multiple communities we have numerous options for adaptability to various emergencies whether we need to consider sheltering in place or evacuation.*** Our SNF and ALF leadership team has close working relationships to enable easy transitions from one community to another.

### Three Opportunities we Identified:

1. ***We need to have a backup plan for an incident commander and communication.*** Our exercise coordinator was not able to join us physically to complete the exercise because she was out of the office with Covid. She was the exercise coordinator, our zoom connection was not connecting, and another director had to step in to facilitate the exercise. This required us to adapt under pressure to facilitate the scenario, to trouble shooting technical difficulties in a simulated time critical situation, and to have a leader step in when they were not apprised of the situation ahead of time.  
***We identified we would like to establish a clear communication plan that includes a white board and incident command center so staff who have questions or need direction could come to that center and be able to identify what tasks take precedence, who is managing that task, and they should speak to if they have questions.*** We also identified the person identified to control communication should have that being their only job at the moment.
2. ***We also had a few items identified that we thought we planned for but found we needed to gain better knowledge or review and/or improve our plan.*** Our robocall notification system to contact all managers quickly list had somehow been deleted. We hadn't identified who



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would make that call or what emergency contacts or procedures would they follow (especially for the managers who live the farthest from the facility). We had an emergency plan for a chemical spill, but one of the challenges we hadn't planned for was what if this occurred in the middle of the night and we could not get emergency staff in to access the building because of where the spill or leak was. How would we care for the residents, relieve staff, etc.? Who would we contact to get appropriate PPE to access the building? We identified an incident that occurred several years ago and plan to reach out to some staffers that could share with us what their experience was and how their building handled the incident.

3. Evacuation. We had a full patient lift at our assisted living community, but when one broke at SJR we borrowed it and didn't return it. In the case of an evacuation or need for going to a secondary facility we have the ability to go to our secondary site, the Washington Center, but need to make sure that we have adequate lifts, supplies, and medication procedures. We need to develop emergency need checklist and a process for ensuring equipment remains where we think it is and is in good working order.

Overall we collectively agreed we are comfortable with our emergency preparedness procedures, but there will always be something to learn from each event. There is definitely benefit to implementing more hands-on experiential training for employees that allows them to enact our emergency procedures. We plan to initiate more hands-on based enactments for the staff to practice implementing the emergency procedures.

<b>Date of Exercise:</b>  June 15, 2022	<b>Name of Agency or Jurisdiction</b> <b>Completing this form:</b>  St. Paul Elder Services	<b>Name, Phone, Email of PRIMARY POC for this document:</b>  Corey Tienor 920-766-6020 ext. 119 coreyt@stpaulelders.org	<b>Number of Agencies that participated in this exercise (including your own):</b>  20	<b>Total number of local participants (people) that participated in exercise:</b>  12	
<b>Please identify the 3 Greatest Strengths You Observed During this Exercise:</b> 1. Great team collaboration 2. Strong policies and systems in place already 3. Communication Systems			<b>Please identify the top 3 Areas of Improvement You Observed During this Exercise:</b> 1. General knowledge of all HVAC system needs throughout the campus (Director of ES not available) after an event like this 2. Overall communication in the AL from floor to floor, lack of overhead paging and portable phones not able to be reached via Omnilert messaging 3. Staff considerations with personal preparedness should we have to SIP		
Target Capability	Identify the Observation you saw that should be corrected	Identified Corrective Action (How should it be fixed?)	Agency Responsible	Individual Responsible	Completion Date
<b>Operational Coordination</b>	ES Director not available and ES department rep was not aware of courses of action to take should an event like this take place. No written guideline for	1. Develop a list of all HVAC systems pulling air in from the outside 2. Identify shut down and restart procedures under normal circumstances for all ES staff	SPES	Director of ES and Senior Director of Support Services	7/22/22

	<p>actions to be taken or what outside entities would be able to assist in our recovery efforts</p>	<ol style="list-style-type: none"> <li>3. Identify shut down and restart procedures for an airborne hazardous materials scenario for all ES staff with consideration to filter contamination and overall equipment contamination</li> <li>4. Identify outside vendors that would be able to assist in such a procedure.</li> <li>5. Develop a list of needed materials (i.e. extra filters, cleaning materials, etc.) that we would need to have on hand to expedite the restart process should there be any.</li> </ol>			
<p><b>Operational Communication</b></p>	<p>Because the AL building does not receive overhead paging and some of the portable phones are not seemingly capable to get over phone paging, there can be a potential for a lack of communication when the original Omnilert message gets sent out POTS line redundancy communication</p>	<ol style="list-style-type: none"> <li>1. Develop a list of phones currently falling within questioning</li> <li>2. Identify which phones are receiving/not receiving over phone paging and/or Omnilert messaging</li> <li>3. Reach out to Parasol to identify which ones can and cannot receive these two kinds of messages and ask for potential options for making this work for all phones</li> <li>4. Work with Parasol to develop action plan to configure phones/system to allow for this</li> </ol>	<p>SPES</p>	<p>1 &amp; 2 - Villa/Manor leadership team                  3 &amp; 4 - SDSS</p>	<p>8/22/22</p>

		<p>messaging or to discuss other communication options</p> <ol style="list-style-type: none"> <li>5. Work with Parasol and Omnilert to identify the ongoing failure of our desktop alert function</li> <li>6. Work with Parasol to further identify the correct ports on the back of all MFPs, label them accordingly and test each one out</li> </ol>			
<b>Shelter in Place</b>	<p>Through discussions, we identified that if we had to SIP and keep the same staff on site for an extended period of time, that we also need to assist them with their own thought processes of self-preparation related to be away from their home, family, pets, responsibilities, etc. for an extended period of time</p>	<ol style="list-style-type: none"> <li>1. Develop talking points to help facilitate discussion and thought processes related to this idea</li> <li>2. Provide a form for staff to be able to utilize that helps them think through what they might due if they had to be absent from any amount of personal responsibility or needs.</li> </ol>	SPES	SDSS with assistance from HR	7/22/22

**Executive Summary:**

On 6/15/22, SPES participated in the Full-Scale Exercise offered through the FVHERC. Participating in the event from SPES included the following people:

- Sr. Delores Wisnicky – Director of Mission and Spiritual Care
- Laurie Levknecht – Director of Corporate Advancement
- Janel Konkel – Executive Director of Home and Community Based Services
- Sondra Norder – President/CEO
- Megan Mashl- - Nursing Home Administrator
- Gina Waterworth – Resident Care Coordinator - Villa
- Tina Rhode – Tenant Care Coordinator

Stephanie Scoville – Resident Care Coordinator – Manor  
McKenzie Krohn – Resident Care Coordinator – Manor  
Amber Schroeder – CFO  
Corey Tienor – Senior Director of Support Services  
Adam Heindel – Senior Maintenance

The scenario presented to us involved a hazardous materials leak that had become airborne during an unusually hot summer day that progressed into a shelter in place situation lasting for almost twenty-four hours

**Three strengths that we identified were:**

1. Great team collaboration
2. Strong policies and systems in place already
3. Communication Systems

**Three opportunities we identified were:**

1. General knowledge of all HVAC system needs throughout the campus (Director of ES not available) after an event like this
2. Overall communication in the AL from floor to floor, lack of overhead paging and portable phones not able to be reached via Omnilert messaging
3. Staff considerations with personal preparedness should we have to SIP

Overall, it was a very successful experience as the collaboration about cross campus processes and procedures was good for all participants to hear in order to better understand the bigger picture of one organization working through a similar scenario. I think the biggest take away from the exercise was that we need to continue to share success and opportunities that happen on any given day with the leadership team to better understand and implement necessary changes learned across campus.

<b>Date of Exercise:</b> 6/16/22  June 15, 2022	<b>Name of Agency or Jurisdiction</b> <b>Completing this form:</b> Thedacare Medical Center	<b>Name, Phone, Email of PRIMARY POC for this document:</b> Stacie Nellis 7155130262 Stacie.nellis@thedacare.org	<b>Number of Agencies that participated in this exercise (including your own):</b>  20	<b>Total number of local participants (people) that participated in exercise:</b>  4	
<b>Please identify the 3 Greatest Strengths You Observed During this Exercise:</b> <ol style="list-style-type: none"> <li>1. United purpose with time commitment of participants</li> <li>2. The team had a basic understanding, others with more advanced</li> <li>3. Evidence of partnerships across the campus</li> <li>4. Ability to identify gaps</li> </ol>			<b>Please identify the top 3 Areas of Improvement You Observed During this Exercise:</b> <ol style="list-style-type: none"> <li>1. Infrastructure of mass communication –with changing team members contact list is out of date</li> <li>2. Referencing areas that were not participating, identified risk of making assumptions such as marketing teams or business partners (not available at time of exercise).</li> <li>3. Local leadership team lacks formal training in ICS.</li> </ol>		
Target Capability	Identify the Observation you saw that should be corrected	Identified Corrective Action (How should it be fixed?)	Agency Responsible	Individual Responsible	Completion Date
<b>Operational Communication</b>	Outdated contact list/groupings	List to be updated	TCW	Stacie N	6/27/22
<b>Operational Coordination</b>	Uncertain expectations for key stakeholders	Include in exercises/participation	TCW	Stacie N	7/30/22

		Meet with business partner to discuss policies and verify understanding of unique responses.			
<b>Operational Coordination</b>	Local leadership without formal training in hospital incident command system	Bring forth recommendation to include with onboarding/ongoing practice.	TCW	Stacie N	7/30/22
<p><b>Executive Summary:</b>                  In the ICS exercise executed on 6/16/22 at TCW to include participants from ED, Inpatient, Security, and Facilities management there were different scenarios that played off of each other to establish incident command, roles and responsibilities, and next steps. Scenario started with a possible hazardous spill that led to a shelter in place order at each facility in the exercise. Strengths of our team were identified as a basic knowledge of incident command, set up, and roles as well as some advanced knowledge from team members. We also demonstrated active participation with a united purpose and partnerships across the campus. Gaps were able to be identified by all team members as well. Opportunities included the need for updating a mass communication list as well as to include other key stakeholders instead of assuming roles. There was also identification of the need for formal training in hospital incident command for leaders.                  Overall, the exercise was a success and we have made a plan to help tighten gaps that currently exist as well as to use the resources we have in place. As we move forward, we will continue training and reach out to outside entities for formal leadership training.</p>					

<b>Date of Exercise:</b>  June 15, 2022	<b>Name of Agency or Jurisdiction</b> <b>Completing this form:</b> Thedacare Medical Center Berlin	<b>Name, Phone, Email of PRIMARY POC for this document:</b>  Kay Williams 920-361-5702 <a href="mailto:Kay.williams@thedacare.org">Kay.williams@thedacare.org</a> 225 Memorial Drive Berlin, Wi 54923	<b>Number of Agencies that participated in this exercise (including your own):</b>  20	<b>Total number of local participants (people) that participated in exercise:</b>  3	
<b>Please identify the 3 Greatest Strengths You Observed During this Exercise:</b> <ol style="list-style-type: none"> <li>1. Many online resources on Thedacare’s Sharewell.</li> <li>2. Thedacare’s Emergency Preparedness binders are current.</li> <li>3. Berlin has some supplies to shelter in place</li> </ol>			<b>Please identify the top 3 Areas of Improvement You Observed During this Exercise:</b> <ol style="list-style-type: none"> <li>1. Improvement of chain of command list.</li> <li>2. Many systems in place but with new staff don’t know protocol.</li> <li>3. Shelter in place policy is outdated</li> </ol>		
Target Capability	Identify the Observation you saw that should be corrected	Identified Corrective Action (How should it be fixed?)	Agency Responsible	Individual Responsible	Completion Date
<b>Operational Coordination</b>	New staff not fluent on procedures	Activation of Incident Command protocol review and flow chart.	Admin needs to reach out to senior leadership	Admin	12-31-2022
<b>Shelter in Place</b>	System Policy is expired	EOC committee need to approve update	EOC committee		12-31-2022



### **Executive Summary:**

Table top exercise regarding shelter in place done on June 15, 2022. Tim Normington-Chair of EOC, Kay Williams-Co-Chair of EOC, and Duane Luker-Security Officer were in attendance. The scenario that was worked on was a Hazardous Material spill from a tanker truck that closed down the hospital facility. Local Fire notified that we (hospital) would need to shelter in place. No one in or out until the all clear was received at 2am the next day.

- Three things we learned during the exercise it that Thedacare has many resources on Sharewell and that the Emergency Preparedness binders are current. Also there is some supplies at Berlin hospital to be able to shelter in place.
- Three things that we need to improve on is the chain of command list. Some are not aware of where to find it and it is not current. Thedacare has many systems in place for major incidents but with new staff some are not sure of the protocol. The third thing that needs to be worked on is the Thedacare System Shelter in place policy is not current.

This exercise was a great experience for those of new to our positions as we learned many new things. We also learned were to find answers to some questions. I feel this was a great exercise.

Going forward we will have to work on the lines of communication.

<b>Date of Exercise:</b> June 15, 2022	<b>Name of Agency or Jurisdiction Completing this form:</b>  ThedaCare Medical Center – New London	<b>Name, Phone, Email of PRIMARY POC for this document:</b>  Karen Yde RN, AEMT Thedacare New London ED Emergency Management Coordinator	<b>Number of Agencies that participated in this exercise (including your own):</b>  20	<b>Total number of local participants (people) that participated in exercise:</b>  7	
<b>Please identify the 3 Greatest Strengths You Observed During this Exercise:</b> <ol style="list-style-type: none"> <li>1. The preparation done for the COVID pandemic assisted with the Incident Command process, and was fresh in our minds.</li> <li>2. We have a good partnership with the local police department, fire department, and city.</li> <li>3. Our decontamination tent is set up and the process is reviewed every year with staff during Education Days.</li> </ol>			<b>Please identify the top 3 Areas of Improvement You Observed During this Exercise:</b> <ol style="list-style-type: none"> <li>1. We were not familiar with the process involved for shutting down our HVAC or restarting it.</li> <li>2. We were not familiar with the Shelter in Place policy, and had questions that need clarification.</li> <li>3. An online or virtual connection for conferencing with Incident Command and Leaders would be needed as they would not be able to come in.</li> </ol>		
Target Capability	Identify the Observation you saw that should be corrected	Identified Corrective Action (How should it be fixed?)	Agency Responsible	Individual Responsible	Completion Date
<b>Shelter in Place</b>	No knowledge of HVAC and air flow equipment.	Review with Facilities manager, and document the process in Incident Command.	TCNL	Amy Jagla	12/31/22
<b>Shelter in Place</b>	Policy has not been reviewed with employees or leaders.	Holding a session at Fall Education Days for our facility outlining the process as well as personal preparedness for those sheltered here with family at home.	TCNL	Karen Yde	12/31/22

<b>Organizational Communication</b>	Virtual Incident Command needed for people unable to leave where they are sheltered in place.	Look at Send Word Now, Zoom, and other platforms to find best method of communication with Incident Command members being at varied locations and unable to gather in person.	TCNL	Mimi Gardner	12/31/22
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**Executive Summary:**

On June 15, 2022 ThedaCare New London participated in a CMS Regional table top exercise with our HERC region. Five members of the hospital’s Incident Command team participated in the exercise. The scenario involved an MVC in which a tanker truck carrying hazardous materials collided with another truck on a local highway. A low-lying cloud of chemicals formed in the area of the crash, the plume was moving in the direction of the facility and the hospital was notified by the fire department that the hospital would need to shelter in place.

There were some noted strengths during this exercise, we recognized that our preparation and use of the incident command process during the Covid pandemic recently was helpful during this exercise. We are also fortunate as a facility to have good working relationships with our local city officials, police and fire departments. Our facility sets up our decontamination tent and trains annually with all hospital staff during our Fall Education Days. During this exercise we also recognized some opportunities for improvement such as Incident Command was not familiar with the process to turn off our HVAC system. We also identified that there were some items that we had questions on and needed clarification in our shelter in place policy. Another opportunity that was identified was that setting up a virtual connection for incident command and other leaders that wouldn’t be able to come into the facility once it was locked down. Overall, there were some good lessons learned through this exercise. Moving forward there are a few action items that have been delegated to staff to complete.

<b>Date of Exercise:</b>  June 15, 2022	<b>Name of Agency or Jurisdiction</b> <b>Completing this form:</b>  Wisconsin Veterans Home: King	<b>Name, Phone, Email of PRIMARY POC for this document:</b>  Tammy Servatius, Commandant <a href="mailto:Tammy.Servatius@dva.wisconsin.gov">Tammy.Servatius@dva.wisconsin.gov</a> 715-258-4251	<b>Number of Agencies that participated in this exercise (including your own):</b>  20	<b>Total number of local participants (people) that participated in exercise:</b>  15	
<b>Please identify the 3 Greatest Strengths You Observed During this Exercise:</b> <ol style="list-style-type: none"> <li>1) We have direct line communication via radio system to local authorities, Remote Capabilities, Hamm Radio, and two Incident Command Centers located on campus.</li> <li>2) Resources in campus: Stock supply of Fuel, Food, Oxygen and in house Pharmacy</li> <li>3) Physical Layout of facility: Tunnel underground, other nursing locations we could move supplies around if deemed necessary</li> </ol>			<b>Please identify the top 3 Areas of Improvement You Observed During this Exercise:</b> <ol style="list-style-type: none"> <li>1) Trees for communication whom in each area (department)</li> <li>2) NIMS Training for all Bureau Directors and Supervisors</li> <li>3) Shelter in place policy needs to be updated for (both ) Incident control centers</li> </ol>		
<b>Target Capability</b>	Identify the Observation you saw that should be corrected	Identified Corrective Action (How should it be fixed?)	Agency Responsible	Individual Responsible	Completion Date
<b>Operational Communication</b>	Call Trees are not up to date.	All Bureau Directors and Supervisors will need to update their call trees.	King Team	Tammy Servatius	08/2022

## Wisconsin Veterans Home-King

CMS Partner Virtual Exercise  
 Operation Shelter in Place  
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<b>Operational Coordination</b>	Mandatory NIMS Training for those Supervisors. All Supervisors must be NIMS trained	All Bureau Directors and Supervisors will be required to take on line NIMS training ICS-100 and ICS-700. This training will assure that no matter what day of the week or time of day all Supervisors are prepared.	King Team	Tammy Servatius Commandant	12/31/2022
<b>Core Capabilities</b>	Shelter In Place policy needs to be developed	Team will work to compile a new policy for our Emergency Preparedness manual.	King Team	Tia Bergman	07/15/2022

### Executive Summary:

On June 15<sup>th</sup> members of our team engaged in a Region 6 CMS Exercise for emergency preparedness and planning. The following Members participated in our exercise:

- Tammy Servatius, Commandant, Executive Director, MH
- Patrick Meyer, Housekeeping/Laundry Supervisor
- Kirk Ruetten, Facilities Director/Building and Grounds Superintendent
- Tonya Boutwell, ADON, AH
- Toni Semwedel, Director of Nursing AH
- Kathleen Quinn, ADON, AH
- Christine Yaeger, Director of Nursing, MH
- Greg Reichenbach, Executive Director, AH
- Bette Britz, Director of Nursing, OH
- Margaret Dissing, ADON, OH
- Brian Thibodeau, Power Plant Superintendent
- Rhonda Kozik, Executive Director, OH

The goal for this exercise is to strengthen our team's ability to work through emergency situations as well as to find areas for improvement. Our team needs to be prepared for emergencies no matter time of the day or day of the week.

The scenario we engaged in tanker truck collision hit by a one -on pickup truck with low-lying cloud of formed gases. We moved through this scenario with it escalating to a shelter in place due to a plume of gases moving into our area. This exercise guided us through staff not being able to come into work and staff on duty working through a forced shelter in place. We operated that this shelter in place would minimally be for 12-15 hours. The exercise had questions to consider for each phase we entered into for 15 minutes of discussion.

Each phase of the scenario brought about much discussion. Lisa Forster took notes about areas we noted we needed to address for our emergency preparedness.

I was please at some of the strengths that we recognized set us apart from your average nursing home. King has a direct line communication via radio system to local authorities, Remote Capabilities, Hamm Radio, and two Incident Command Centers located on campus. We have resources in house such as stock supply of fuel, food, oxygen and in house pharmacy. The physical layout of facility that includes underground tunnel byways for transportation of goods and people which would allow us flexibility and sustainability as we could move supplies around if deemed necessary.

Through the exercise we determined that we have the following improvements to be addressed:

Call Trees for communication need updating and testing at least bi-annually.

Shelter in place policy needs to be updated for (both ) Incident control centers.

Bureau Directors and Supervisors all need to have NIMS training. We are assigning ICS-100 and ICS- 700 to be completed within the next six months.

The team felt the overall exercise was a great success with many lessons learned. We look forward to strengthening our team players so that everyone is capable of taking command in the event of a true event.

<b>Date of Exercise:</b>  June 15, 2022	<b>Name of Agency or Jurisdiction</b> <b>Completing this form:</b>  Winnebago Mental Health Institute	<b>Name, Phone, Email of PRIMARY POC for this document:</b> Rob Mercado 920-235-4910 ext. 2520 Roberto.Mercado@dhs.wisconsin.gov	<b>Number of Agencies that participated in this exercise (including your own):</b>  20	<b>Total number of local participants (people) that participated in exercise:</b>  10	
<b>Please identify the 3 Greatest Strengths You Observed During this Exercise:</b> 1. Emergency Operations Plan was used, allowing everyone to go through our hazardous spill and Air quality mitigation plans. 2. Use of communication plan 3. Coordination of multiple areas within the hospital			<b>Please identify the top 3 Areas of Improvement You Observed During this Exercise:</b> 1. All supervisor awareness of EOP 2. EM resources familiarity 3. Update info on Air quality mitigation plan		
Target Capability	Identify the Observation you saw that should be corrected	Identified Corrective Action (How should it be fixed?)	Agency Responsible	Individual Responsible	Completion Date
<b>Operation Communication</b>	Air quality mitigation plan review	Maintenance supervisor review and update	Maintenance Supervisor	Jason Gassner	12/31/22
<b>Operation Coordination</b>	Educate supervisors on EOP and resource for emergency operation	Communicate during supervisor's meetings/trainings	Staff Development	Rob Mercado	12/31/22

**Executive Summary:**

On June 15<sup>th</sup>, 2022, 10 staff members of Winnebago Mental Health Institute participated in the CMS virtual exercise. Participants included the WMHI Director and Deputy Director, Director of Nursing, Therapeutic Services Director, Nursing supervisor, Powerplant Supervisor, Maintenance Supervisor, Training Coordinator, and management services assistant. All members gathered in the Incident command center. Directors were instructed to bring a copy of our Emergency Operations Plan.

The scenario consisted of a tanker truck spill during an accident on the local highway, resulting in a plume that was heading in the direction of the hospital. Information gathering and planning started during this time, and Director's discussed the coordination of opening up incident command. Once it was clear that our hospital would shelter in place for a significant amount of time, everyone reviewed our plans to ensure the safety and security of our patients and staff remained a priority. Our powerplant and maintenance supervisor discussed and reviewed our plans for our HVAC systems and Air quality. Our Director of Nursing, and nursing supervisor discussed the impact on our nursing staff and the impact of patient care during an event like this. Our Director's discussed the support and coordination from our Central office in Madison and how we would communicate with our partners. The coordination, and communication was a success, along with the use and function of our EOP and Communications plan. We did notice that all supervisors maybe don't have access, or don't know where they can get all the resources, so that will be an improvement we will work on. Also, after reviewing our plans, a couple items can be tweaked and made clearer for everyone to understand. EMResource is a great tool for communication and we need to make sure it is used and understood. Overall it was a success and we learned a lot about our processes and emergency planning.



<b>Date of Exercise:</b>  June 15, 2022	<b>Name of Organization:</b>  Wisconsin Institute of Surgical Excellence	<b>POC for this Organization:</b>  Bobbi Jo Baerenwald, RN (920) 886-7132	<b>Number of Agencies that participated in this exercise (including your own):</b>  20	<b>Total number of local participants (people) that participated in exercise:</b>  12	
<b>Please identify the 3 Greatest Strengths You Observed During this Exercise:</b>  1. Staff communication and interaction  2. Knowledge of emergency management binder and contents  3. Knowledge of leadership of outside resources			<b>Please identify the top 3 Areas of Improvement You Observed During this Exercise:</b>  1. No plan for shelter in place if ordered  2. No process for incident command  3. No communication/phone tree		
Target Capability	Identify the Observation you saw that should be corrected	Identified Corrective Action (How should it be fixed?)	Agency Responsible	Individual Responsible	Completion Date
Shelter in place	No plan for shelter in place	Develop a plan for ordered shelter in place	Quality/safety Committee	DON	8/30/2022
Operational Coordination	Poor process for Incident command	Develop plan for coordination and emergency management efforts	Quality/Safety Committee	DON	8/30/2022

<b>Operational Communication</b>	No process for communication within/outside the building	Develop and plan for internal and external communication	Quality/Safety Committee	DON	8/30/2022
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**Executive Summary:**  
 On 6/15/2022 the Wisconsin Institute of Urology and Wisconsin Institute of Surgical Excellence participated in a table top Emergency drill. In this drill a hazmat spill occurred with resultant plume of hazardous material. An order was given from emergency services to shelter in place for 12-15 hours. This was a normal operational day for both practices, in which we could expect 24 patient/visitors, and 15 staff members at WISE, and 35 patient/visitors at WIU with approximately 30 staff members.

Strengths identified through this drill were staff communication and interaction. We have no plan to shelter in place, the staff was able to draw upon what we know of our current emergency management plan, and make decisions for shelter in place collectively and quite cohesively. Staff was very knowledgeable at WISE of our emergency management plan, and our capacity to care for patients. Leadership is very aware of outside resources and contact information for those resources, using non-emergency and emergency contact information.

Opportunities identified were the fact that we have no plan for shelter in place, WISE emergency management policy states “we will not shelter in place, so we had to work from scratch. No clear process for incident command is defined in our policy so it was unclear to staff how decisions would be made and communicated or how they would report issues, ask questions etc. There is not a clear communication process to notify staff and stakeholders internally and externally of pertinent information.

This was a great opportunity for WIU/WISE to practice, learn, and communication throughout the building. It provided great opportunity for collaboration and discussion of needed new processes.

WIU/WISE will work to create a shelter in place protocol, along with a plan for external and internal communication. An incident command protocol will be implemented and practiced within the organization to provide a sole source of information during emergency response events.

<b>Date of Exercise:</b>  June 15, 2022	<b>Name of Agency or Jurisdiction</b> <b>Completing this form:</b>  Woodland Surgery Center	<b>Name, Phone, Email of PRIMARY POC for this document:</b>  Tess Rasner 920.702.8888 trasner@newhands.net Holly Brockman 920.702.8785 hbrockman@newhands.net	<b>Number of Agencies that participated in this exercise (including your own):</b>  20	<b>Total number of local participants (people) that participated in exercise:</b>	3 around the table.  Included 12-14 in mass emails for notifications.
<b>Please identify the 3 Greatest Strengths You Observed During this Exercise:</b>  <ol style="list-style-type: none"> <li>1. Facility size allows for easy communication.</li> <li>2. We have a variety of avenues to communicate effectively for Mass communication to patients and employees. Quick and effective ways to communicate – text/messenger/email (home email groups)/ overhead page.</li> <li>3. All patients are ambulatory and can move locations when needed. No overnight stay patients. Patient population- no unaccompanied minors. No shift change.</li> <li>4. Shelter in place policy was already created along with emergency plan/preparedness binders.</li> </ol>			<b>Please identify the top 3 Areas of Improvement You Observed During this Exercise:</b>  <ol style="list-style-type: none"> <li>1. Record keeping during the event. Update policy to include documenting the timeline of events – communications that are sent – document local authority communications.</li> <li>2. Educate and inform team leaders and all staff of shelter in place policy and procedures.</li> <li>3. HR communications – manual process. Look into automated or group alerts to staff personal phones</li> </ol>		
Target Capability	Identify the Observation you saw	Identified Corrective Action (How should it be fixed?)	Agency Responsible	Individual Responsible	Completion Date

	that should be corrected				
<b>Operational Coordination</b>	Staff is unaware of the updated policy – Train Management team and pass along to team meetings	Management team will be trained on 6.20.22 – Trickle down to staff during monthly meetings.	onsite	Holly/Tess to train management team-then team leaders train their own teams.	All staff trained by 8.30.22
<b>Operational Communication</b>	Currently only emails/teams Messenger available. Looking into mass text options via ADP	HR will reach out to ADP for alert notifications.	HR	HR	Due 8.30.22

**Executive Summary:**

On June 15, 2022 Tess and Holly participated in the Shelter In Place Virtual exercise. The scenario was a local accident that resulted in a hazmat situation and it turned into a shelter in place event. The event took 12-14 hours. In the beginning, they notified the management team of the occurrence. When notified by local authorities that a shelter in place was in effect, they notified the building via overhead page, mass email and team’s message. That started the communication process where patient services turned over the phone system to Mactel and notified all upcoming patients via ECW messenger that their appointments were cancelled and would be contacted when operations were safe to resume. The doctor on call was reassigned, as he was included in the Shelter in place.

All personnel inside the building moved to an indoor location, anyone in the parking lot came into the building. Attendance was taken. Doors/windows were closed. Blinds shut. HVAC was shut down and Pfefferle was notified. Fans/water/linen/clothing available for individuals. Everyone was notified to contact their personal contacts to inform them of their location and shelter in place situation.

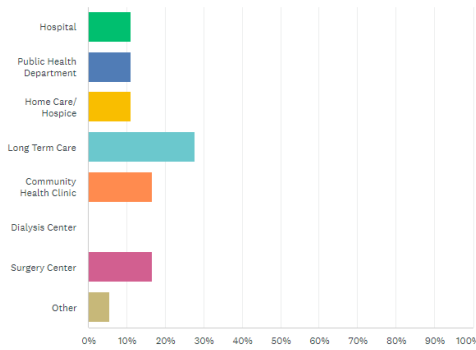
Communication throughout the event was updated via overhead pages, emails, teams, and social media.

Strengths – facility size is manageable. Patient population – no unaccompanied minors. Communication and policy in place.  
Opportunities – Update policy and communicate to team leaders/employees. Research employee alerts capabilities via ADP.  
Improve event documentation. We have emails for recordkeeping, however add areas to document in the emergency binder.  
Overall – A good learning experience. Opportunities to improve current processes in place and modify practices to streamline preparation in the event a disaster occurs.

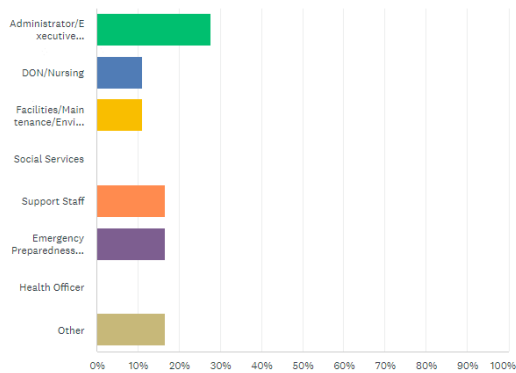
We will educate staff and team leaders. Discuss with staff for a drill. Use as a quality improvement project.

## PARTICIPANT FEEDBACK SURVEY RESULTS

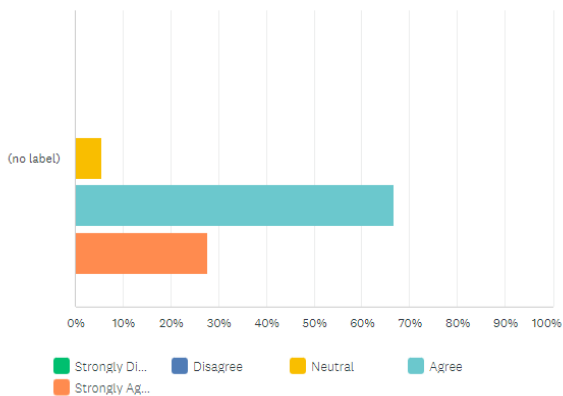
### Question 1: What type of agency do you represent?



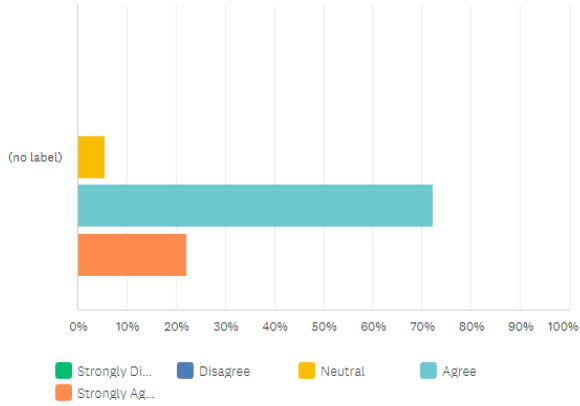
### Question 2: What is your role within your organization?



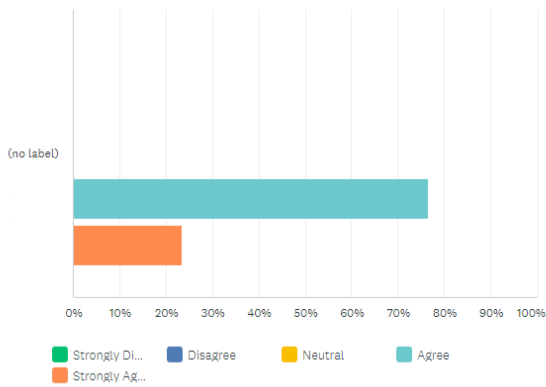
### Question 3: The use of the virtual platform to facilitate the exercise was beneficial:



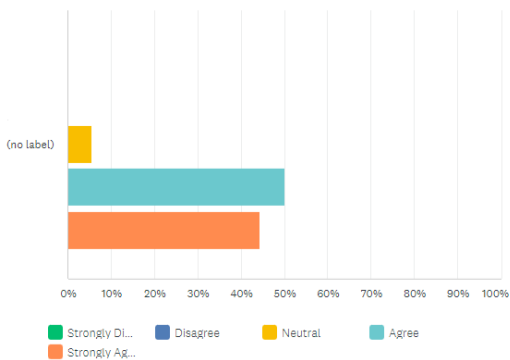
**Question 4: The exercise scenario was plausible and realistic:**



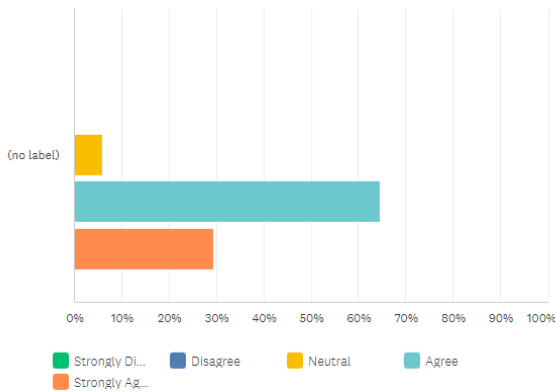
**Question 5: Exercise participants includes the right people in terms of disciplines.**



**Question 6: Exercise participation was appropriate for someone in my field and level of experience.**



**Question 7: The exercise provided an opportunity to discuss significant issues to maintain continuity of healthcare delivery:**



**Question 8: Please provide recommendations on how this exercise or future exercises could be improved or enhanced?**

- We needed MUCH more time for each start/stop module. Either that, or decrease the number of exercise Core Capabilities/objectives.
- More interpersonal.
- The scenarios were good but the length or discussion time was too short. There should have been time for discussion between different groups may have benefitted everyone.
- Was well done. Just wish more people engaged in it!
- Some in our organization thought it was too hard to act out roles (performing phone calls, etc.) while others in the room were having discussions on the next steps in the process/plan. They felt learning opportunity was lost from not being able to listen to those conversations while acting out their roles. In other words they would have preferred having an HHC/Hospice only exercise rather than have one with multiple focus CMS partners.
- Meeting administrator controls mute button.
- We could have used a little more play time but overall was a really great opportunity.
- Don't read the site-specific focus areas to the full group. Each entity should direct the discussion to the appropriate questions, but reading the non-relevant content was distracting and wasted valuable discussion time.
- Looking at adjusting variations in time. More time for each scenario, like 20-25 minutes vs. 15.
- N/A
- Offering a more hands on approach such as a mock in-person opportunity.
- 

**Question 9: Please share topics or themes for future exercises.**

- Extended/regional power outages and response is by far and away the most important issue we can mitigate/prepare for. Forget the reason why it might happen, and just focus on the primary responses and pre-planned mitigation measures to the outcome.
- Tornado/Mass Shooting
- Mass shooting.
- Fatality Management. Something that involves DATCP/Avian outbreaks. NGO and volunteer engagement.
- Extended power outage. This would pull in a whole other dynamic as we are so dependent on our "devices" for everything from communications to our ability to get good and groceries.



- Evacuation and patient tracking for homecare/non-inpatient hospice.
- Evacuation of upstairs residents in the event of a power outage-no elevators. Train water supply.
- Would like to see exercise on active shooter scenario.
- Riot scenario would be interesting.
- Emergency training for staff-what community resources are available for healthcare providers and their staff.
- Aggressive patients, weather alerts, bomb threat, active shooter.

## **APPENDIX B: EXERCISE PARTICIPANTS**

<b>Participating Organizations</b>
Bethany Home
Brewster Village
Calumet County Home Health and Hospice
Davita Dialysis: Oshkosh West, Green Lake County, Fond du Lac, Fox River, Marinette, Allouez, Manitowoc, Sheboygan, Green Bay, Tiletown, and Sturgeon Bay Clinics
Evergreen Retirement Community
Family Health La Clinica
Heartland Hospice- Fond du Lac
Odd Fellow Home
Orthopedic and Sports Surgery Center
Park View Health Center
Preferred Home Health Care
St. Joseph Residence
St. Paul Elder Services
ThedaCare Medical Center
Theda Care Medical Center-Berlin
ThedaCare Medical Center-New London
Winnebago Mental Health Institute
Wisconsin Institute of Surgical Excellence
Wisconsin Veteran's Home-King
Woodland Surgery Center