

Salem Health Hospitals & Clinics
Emergency Operations Plan (EOP)
AFTER ACTION REPORT

PURPOSE AND REPORTING CRITERIA: A post incident review and after action report is required for an emergency EOP activation or a planned EOP exercise, but optional for planned non-emergency events, such as maintenance projects.

EMERGENCY EOP ACTIVATION **EOP EXERCISE** **NON-EMERGENCY EVENT**

Day/Date/Time problem first identified: Wednesday, 8/29/18, 1315 **By Whom:** City of Salem Emergency Manager

House Supervisor/WVH ED Charge Notification Time: 1315 **By Whom:** Wayne McFarlin
EOP Activation Time: 1317 **Cancellation Time:** 1440

Affected area (i.e. Salem campus, building, unit, clinic, etc.): Oregon State Fair, Salem Health

EOP Activated: TABLETOP EXERCISE Code Triage/Mass Casualty Incident TABLETOP EXERCISE

Name of key staff involved: Note those listed below.

POST INCIDENT REVIEW

Date: 08/15/18

Review participants: As listed below

After Action Report completed by: Wayne McFarlin

POST INCIDENT REVIEW OBSERVATIONS

DESCRIBE WHAT HAPPENED: The exercise scenario was an active shooter at the Oregon State Fairgrounds. A total of 50 casualties were received—6 REDS, 18 YELLOWS, and 26 GREENS. Most of the REDS and YELLOWS arrived via EMS, but a number of them arrived in personally owned vehicles. Most of the GREEN casualties were delivered by bus.

DESCRIBE IMPACT ON OPERATIONS (Mark N/A if no impact)

- **Patient care:** ED decompression plan activated as part of their unit MCI plan which involves PACU receiving some ED patients
- **Communications:** House supervisors would activate the medical resource hospital plan as part of their MCI plan.
- **Staff roles/responsibilities:**
 - Incident Commander: Zennia Ceniza
 - Public Information Officer: Aaron Reber, Mark Glyzewski
 - Liaison Officer: Coni Westmoreland, Jan Miller
 - Safety Officer: Kristy McIntosh, Ellen Hampton, Randy Rasmussen
 - Scribe: Christina Bunnell
 - Operations Section Chief: Dana Hawkes, Lisa Ketchum, Kristen Myers, Jennifer Broadus, Pam Cortez, Dr. Matthew Boles, Dr. Christine Clarke, Carlee Ross
 - Planning Section Chief: Josh Franke, Susan Redmond
 - Logistics Section Chief: Barbara Amato, Deb Harris, Jim Taff, Melissa Bradley, Shane Emmert
 - Finance Section Chief: none
- **Safety/security:** Security activates a Code Yellow as part of their unit MCI plan.
- **Resource mobilization:** Emergency Reassignment and Staffing Plan-EOP activated by house supervisor when activating Code Triage for an MCI.
- **Utility systems:** NA

IDENTIFY WHAT WORKED WELL:

- OR & ED operations coordinated by using the trauma system.

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- Operations Section: Good to know carts with MCI supplies ready for immediate use, acquiring additional supplies through Supply Chain Services: pulling from distribution or other units.
- Team work environment.
- The handout showing department MCI PREPARE actions was helpful in identifying the roles of departments.

DESCRIBE DEFICIENCIES/OPPORTUNITIES FOR IMPROVEMENT:

- Section chiefs expressed confusion about how to assign section leadership responsibilities
- Departments are encouraged to use 5-10 minute micro-drills to test elements of their MCI plans.
- Need to develop a plan to supply surgical instruments needed in an MCI.
- Both tabletop drills and individual HICS leader training is needed.
- Recognition shared of the need to ensure our staff are prepared at home for emergencies/disasters.

LIST ANY FOLLOW UP COMPLETED OR ASSIGNMENTS MADE:

- Each Section Chief group will meet to reach consensus on staffing section leader positions.—Assigned to Wayne McFarlin and Section leaders
- Sterile Processing Department to develop an MCI plan to support a surge of unscheduled surgeries.—Assigned to Jay Havel and Kristen Myers

OTHER:

- Community involvement? Yes No / Organizations involved:
- Physician Involvement? Yes No

DISTRIBUTION: Email after action reports to all affected department managers, directors, executives, the house supervisor and administrator-on-call when the event occurred and the emergency preparedness administrator.