



# Davison County Emergency Management Avera Queen of Peace Ebola Functional Exercise October 07, 2024

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## After-Action Report/Improvement Plan

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>	Avera Queen of Peace Ebola Full-scale Exercise
<b>Exercise Dates</b>	October 07, 2024
<b>Scope</b>	This exercise is a Functional Exercise at Avera Queen of Peace.
<b>Mission Area(s)</b>	Protection, Mitigation, Response, and/or Recovery
<b>Objectives</b>	Recognition of the event; Staff Response; Knowledge of roles; Use of correct PPE; Onsite Incident Management; and Notifications/Communications.
<b>Core Capabilities</b>	Planning Operational Communications Operational Coordination
<b>Threat or Hazard</b>	Biological: Infectious Disease
<b>Scenario</b>	See below
<b>Sponsor</b>	Avera Queen of Peace
<b>Participating Organizations</b>	Avera Queen of Peace, Avera Brady Long Term Care Center (LTCC), Avera McKennan Hospital, Avera @Home, Firesteel LTCC, Mitchell Fire Dept. EMS, City of Mitchell, Davison County Emergency Management, SDDOH, and SDOEM.
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An AQOP Chaplain was doing missionary work in the Democratic Republic of the Congo (DRC). The Chaplain was unknowingly exposed to an Ebola patient and the Chaplain returned to Mitchell and his Chaplain duties at AQOP.

On the date of the event, he visited residents at Firesteel Long Term Care Center (LTCC) and Avera Brady LTCC. While at Avera Brady, the Chaplain became very ill and Avera Brady dialed 911 to request an EMS unit to transport the Chaplain to AQOP E.D.

The Chaplain had also attended a meeting at Avera @Home upon returning to Mitchell but had not become symptomatic while at that meeting.

## 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)
Objective 1: Recognition of the event.	Core capability: Staff quickly recognized that the Patient answered "YES" to questions regarding travel outside the U.S.	XX			
Objective 2: Staff Response	Core capability: Hospital staff was able to quickly place the Patient in Isolation.	XX			
Objective 3: Knowledge of roles	Core capability: Staff was aware of their individual role during the Incident specific to their location and/or Department.		XX		
Objective 4: Use of correct PPE	Core capability: Staff was able to properly Don and Doff appropriate PPE.		XX		
Objective 5: Onsite Incident Management	Core capability: The Incident Command Team (ICT) was able assess the situation requiring specific response	XX			
Objective 6: Notifications and Communications	Core capability: ICT was able to make notification to the South Dakota Dept. of Health (SDDOH) regarding a potential Ebola patient and monitor ongoing communications internally and externally		XX		

**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: 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: The targets and critical tasks associated with the core capability were not performed in a manner that achieved the objective(s).

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

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

Staff quickly recognized that the Patient answered “YES” to questions regarding travel outside the U.S.; Hospital staff was able to quickly place the Patient in Isolation; Staff was aware of their individual role during the Incident specific to their location and/or Department; Staff was able to properly Don and Doff appropriate PPE; The Incident Command Team (ICT) was to assess the situation requiring specific response; and Staff and ICT were able to make notification to the South Dakota Dept. of Health (SDDOH) and South Dakota Office of Emergency Management (SDOEM) Duty Officer regarding a potential Ebola patient as well as Avera Brady and Mitchell Fire EMS.

## **Objective 1: Recognition of the event.**

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

### **Core Capability 1: (Operational Coordination) Hospital staff quickly recognized that the Patient answered “YES” to the question regarding travel outside the U.S.**

#### **Strengths**

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

**Strength 1:** Mitchell Fire EMS Paramedics did ask the travel question early on in their assessment, and they relayed to AQOP E.D. the potential this was an Ebola patient.

**Strength 2:** AQOP E.D. responded quickly to the report of a possible Ebola patient and prepared the E.D.

#### **Areas for Improvement: NA**

## Objective 2: Staff Response

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

### Core Capability 1: (Operational Coordination) Hospital staff was able to quickly place the Patient in isolation.

#### Strengths

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

**Strength 1:** Staff placed the patient in room G-118 (negative air) as soon as EMS brought into the E.D.

**Strength 2:** The E.D. staff notified the Provider as soon as they had completed their initial assessment of the patient.

**Areas for Improvement: N/A**

### **Objective 3: Knowledge of roles**

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

#### **Core Capability 1: (Operational Communication) Staff was aware of their individual role during the Incident specific to their location and/or Department.**

##### **Strengths**

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

**Strength 1:** Staff was very knowledgeable about their role while providing care for this patient.

**Strength 2:** The AQOP Infection Prevention and Control (IPAC) Manager had created a quick reference guide previously and was completed some training for the E.D. and clinics.

##### **Areas for Improvement:**

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

##### **Area for Improvement 1:** IPAC Quick Reference Guide

**Reference:** There was good discussion about updating the IPAC Quick Reference guide and making sure training continues.

**Analysis:** Develop an IPAC Guide for the E.D., Urgent Care, and clinics that includes the most current signs, symptoms, and treatment of Infectious Diseases.



## Objective 4: Use of correct PPE

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

### Core Capability 1: (Operational Coordination) Staff was able to properly Don and Doff appropriate PPE

#### Strengths

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

**Strength 1:** E.D. staff was able to verbalize proper “Dry” Ebola PPE that would be required to continue treatment for this patient

**Strength 2:** Mitchell Fire/EMS Paramedics verbalized that once the patient confirmed they had traveled outside to U.S.; they would have exited the room and donned additional PPE on scene.

#### Areas for Improvement:

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

**Area for Improvement 1:** Appropriate PPE

**Reference:** There were questions from staff and the Provider regarding the appropriate level of PPE in this situation.

**Analysis:** “Just In Time” training was provided to staff and the Provider regarding current Ebola PPE levels for “Dry” and “Wet” Ebola patients.

## **Objective 5: Onsite Incident Management**

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

### **Core Capability 1: (Planning) The Incident Command Team (ICT) was able assess the situation requiring specific response**

#### **Strengths**

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

**Strength 1:** A formal Hospital Command Center was not established for this exercise, although AQOP leaders and community partners (City, County, and State) were able to discuss steps and procedures that would take place for this type of patient presenting at the facility.

**Areas for Improvement: N/A**

## Objective 6: Notifications and Communications

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

### Core Capability 1: (Operational Communication) ICT was able to make notification to the South Dakota Dept. of Health (SDDOH) regarding a potential Ebola patient and monitor ongoing communications internally and externally

#### Strengths

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

**Strength 1:** The IPAC Manager made contact with the SDDOH to report the suspected Ebola patient. Because she identified “This is an exercise, this is an exercise” (as directed); the call taker at the SDDOH asked limited questions and did review with AQOP leaders and staff the steps that would be taken at this point.

**Strength 2:** The Davison County Emergency Management Assistant Director contacted the SDOEM Duty Officer to report the possible Ebola patient at AQOP.

#### Areas for Improvement:

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

**Area for Improvement 1:** An eICS notification.

**Reference:** Utilizing eICS to notify AQOP leaders and community partners of this type of patient arrival would be beneficial.

**Analysis:** The “Infectious Disease—Ebola Patient” Incident Response Guide (IRG) from Avera McKennan Hospital was copied into AQOP eICS IRG’s that day.

**Area for Improvement 2:** Portable radio

**Reference:** The portable radio the AQOP EM had did not receive radio traffic from Mitchell Fire Dispatch. The base radio in the E.D. was operating correctly and E.D. staff did hear EMS being dispatched to Avera Brady and when EMS arrived at AQOP.

**Analysis:** Reach out to Sioux Falls Two-Way to have the portable radio programming reviewed.

## APPENDIX A: IMPROVEMENT PLAN

This IP has been developed specifically for Avera Queen of Peace as a result of the Ebola Full-scale Exercise conducted on November 07, 2024.

Core Objective	Issue/Area for Improvement	Corrective Action	Organization POC	Start Date	Completion Date
Core Objective: Knowledge of Roles	Area for Improvement: IPAC Quick Reference Guide	Corrective Action: Develop an IPAC Guide for the E.D., Urgent Care, and clinics that includes the most current signs, symptoms, and treatment of Infectious Diseases.	Jo Oberg IPAC Manager	11/07/2024	Ongoing
Core Objective: Use of correct PPE	Area for Improvement: Appropriate PPE	Corrective Action: "Just In Time" training was provided to staff and the Provider regarding current Ebola PPE levels for "Dry" and "Wet" Ebola patients.	Kevin Schlosser Emergency Management	11/07/2024	11/07/2024
Core Objective: Notifications and Communications	Area for Improvement: eICS notification	Corrective Action: The "Infectious Disease-Ebola Patient IRG From AMK was copied into AQOP eICS IRG's.	Kevin Schlosser Emergency Management Jeff Bathke/Karen Wegleitner Davison County EM	11/07/2024	11/07/2024
Core Objective: Notifications and Communications	Area for Improvement: Portable radio	Corrective Action: Reach out to Sioux Falls Two-Way to have the portable radio programming reviewed.	Marius Laursen Emergency Management Jeff Bathke/Karen Wegleitner Davison County EM	11/07/2024	Ongoing

## APPENDIX B: EXERCISE PARTICIPANTS

Participating Organizations	
<b>Federal</b>	
<b>State</b>	
	South Dakota Dept. of Health
	South Dakota Office of Emergency Management
<b>Jurisdiction A</b>	
	Mithcell Fire and EMS
	City of Mitchell
	Davison County Emergency Management
<b>Jurisdiction B</b>	
	Avera Queen of Peace
	Avera McKennan Hospital
	Avera Brady LTCC
	Avera @Home
	Firesteel LTCC