



Don't Eat That Cake

After Action Report / Improvement Plan

Eastern Region Health Care Coalition

January 19, 2023

EXERCISE OVERVIEW

Exercise Name	Don't Eat That Cake
Exercise Dates	January 19, 2023
Scope	This is a tabletop exercise, planned for three hours via a virtual platform. Exercise play is limited to registered entities.
Focus Area(s)	Response
Capabilities	<ul style="list-style-type: none"> • Environmental Response/Health and Safety • Operational Coordination • Public Health, Healthcare, and Emergency Medical Services
Objectives	<ol style="list-style-type: none"> 1. Participating entities will identify the threat or hazard accurately and in a timely manner. 2. Necessary resources will be identified and activated appropriately and in a timely manner. 3. Hazard control, victim and responder safety measures, and appropriate Personal Protective Equipment will be immediately implemented and maintained throughout the incident. 4. Patients will be appropriately triaged and treated.
Threat or Hazard	Accidental radiological release.
Scenario	While inventorying the contents of abandoned storage units, multiple people are contaminated with yellow cake uranium and exposed to Cs-137.
Sponsor	Eastern Region Health Care Coalition
Participating Jurisdictions/Organizations	<ul style="list-style-type: none"> • Eastern Region Health Care Coalition • Frances Mahon Deaconess Hospital • Frances Mahon Deaconess Hospital Ambulance • Montana Department of Health and Human Services • Rosebud Healthcare • Valley County Disaster and Emergency Services
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ANALYSIS OF CAPABILITIES

Aligning exercise objectives and 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 capabilities, and performance ratings for each capability as observed during the exercise and determined by the evaluation team.

Objective	Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
1. Participating entities will identify the threat or hazard accurately and in a timely manner.	<ul style="list-style-type: none"> Environmental Response/Health and Safety Operational Coordination 		X		
2. Necessary resources will be identified and activated appropriately and in a timely manner.	<ul style="list-style-type: none"> Environmental Response/Health and Safety Operational Coordination Public Health, Healthcare, and Emergency Medical Services 		X		
3. Hazard control, victim and responder safety measures, and appropriate Personal Protective Equipment will be immediately implemented and maintained throughout the incident.	<ul style="list-style-type: none"> Environmental Response/Health and Safety Operational Coordination Public Health, Healthcare, and Emergency Medical Services 			X	
4. Patients will be appropriately triaged and treated.	<ul style="list-style-type: none"> Public Health, Healthcare, and Emergency Medical Services 		X		

Table 1. Summary of Core Capability Performance

Ratings Definitions:

Performed without Challenges (P): The targets and critical tasks associated with the 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 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 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 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 capability, highlighting strengths and areas for improvement.

Objective 1

Participating entities will identify the threat or hazard accurately and in a timely manner.

Capability 1

Environmental Response/Health and Safety

Strengths

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

Strength 1: Multiple entities have immediate access to the North American Emergency Response Guidebook (ERG) and were quick to use it when the contaminants were identified.

Areas for Improvement

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

Area for Improvement 1: While the ERG provides a wealth of information, it does not provide great detail in many areas. Additional resources are available to provide much more in-depth information, but participating entities were not familiar with them.

Reference: N/A

Analysis: Hazmat-specific training in the region is a bit lacking, and as such, awareness of resources beyond the ERG is also lacking.

Capability 2

Operational Coordination

Strengths

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

Strength 1: Participants were able to verbalize notification of state-level entities that would assist in identification and information gathering around the identified threat.

Areas for Improvement

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

Area for Improvement 1: In one jurisdiction, Disaster and Emergency Services (DES) realized that coordination between the DES office and the hospital was not as strong as it could be when both entities are responding to a significant threat.

Reference: County and Hospital Emergency Operations Plans

Analysis: DES and the hospital are obviously well engaged with the health care coalition and have most likely simply not recognized the gap in the past.

Objective 2

Necessary resources will be identified and activated appropriately and in a timely manner.

Capability 1

Environmental Response/Health and Safety

Strengths

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

Strength 1: Initial response to the scene was appropriate and timely.

Strength 2: DES was involved early in the response and considered ICS activation early on as well.

Strength 3: DES notified state level DES early in the response to begin mobilizing outside resources.

Areas for Improvement

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

Area for Improvement 1: Healthcare entities did not notify the Department of Health and Human Services (DPHHS) Duty Officer nor the Coalition Coordinator.

Reference: N/A

Analysis: It seems that the healthcare entities may not be aware of the need and/or the benefits of early notification of these entities, and there may be a sense that “there’s no time to make more phone calls” during the response phase of an incident.

Capability 2

Operational Coordination

Strengths

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

Strength 1: Initial response to the scene was appropriate and timely.

Strength 2: DES was involved early in the response and considered ICS activation early on as well.

Strength 3: DES notified state level DES early in the response to begin mobilizing outside resources.

Areas for Improvement

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

Area for Improvement 1: Healthcare entities did not notify the Department of Health and Human Services (DPHHS) Duty Officer nor the Coalition Coordinator.

Reference: N/A

Analysis: It seems that the healthcare entities may not be aware of the need and/or the benefits of early notification of these entities, and there may be a sense that “there’s no time to make more phone calls” during the response phase of an incident.

Capability 3

Public Health, Healthcare, and Emergency Medical Services

Strengths

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

Strength 1: Initial response to the scene was appropriate and timely.

Strength 2: DES was involved early in the response and considered ICS activation early on as well.

Strength 3: DES notified state level DES early in the response to begin mobilizing outside resources.

Areas for Improvement

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

Area for Improvement 1: Surrounding medical facilities were not notified of the incident.

Reference: N/A

Analysis: Since the DPHHS Duty Officer and Coalition Coordinator were not notified, no one notified surrounding medical facilities of the incident which could slow mutual aid requests and which would deny the surrounding medical facilities the opportunity to prepare to receive overflow patients or patients who chose to drive themselves to one of the other surrounding facilities.

Objective 3

Hazard control, victim and responder safety measures, and appropriate Personal Protective Equipment will be immediately implemented and maintained throughout the incident.

Capability 1

Environmental Response/Health and Safety

Strengths

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

Strength 1: One Fire Department has a “HAZWOPER Team” that is trained in hazmat response.

Strength 2: One Fire Department has chemical protective suits and SCBA's to protect responders going downrange during a hazmat incident.

Strength 3: Both hospitals have implemented 24/7 access control which would have kept contaminated individuals from contaminating the interior of the hospital.

Strength 4: Both hospitals have fixed facility decontamination facilities and Level C PPE.

Strength 5 : One hospital has a written procedure for cleaning their decontamination facility after use.

Areas for Improvement

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

Area for Improvement 1: Neither hospital has up to date training for staff that would be working the decontamination area.

Reference: N/A

Analysis: Hazmat and decontamination training is difficult to find, and the associated expense of initial training along with annual refreshers can be cost prohibitive for many facilities.

Area for Improvement 2: None of the participating entities has a plan, MOU, etc. for disposal of contaminated waste following a hazmat response.

Reference: N/A

Analysis: Thankfully, hazmat incidents are relatively rare, but lack of a plan for hazardous waste disposal could open entities to increased risk if there are delays in appropriate waste removal.

Capability 2

Operational Coordination

Strengths

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

Strength 1: The need for establishment of control zones and an overall perimeter at the scene was recognized early on and would have been coordinated through on scene ICS structures.

Capability 3

Public Health, Healthcare, and Emergency Medical Services

Strengths

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

Strength 1: EMS and hospital staff had strong ideas about how and when decontamination would be implemented.

Areas for Improvement

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

Area for Improvement 1: Hospitals plan to use Emergency Department (ED) staff to decontaminate incoming patients.

Reference: N/A

Analysis: Most healthcare facilities are experiencing unprecedented staffing shortages, and rural facilities typically have a small number of staff tasked with numerous responsibilities. However, pulling ED staff into the decontamination area will likely create a drastic decrease in the facility's ability to provide emergent patient care during a surge of contaminated patients.

Objective 4

Patients will be appropriately triaged and treated.

Capability 1

Public Health, Healthcare, and Emergency Medical Services

Strengths

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

Strength 1: EMS had a well delineated plan on who performs initial, on-scene triage.

Strength 2: Hospitals and EMS had pathways to obtain treatment information when encountering unusual situations like this hazmat incident.

Areas for Improvement

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

Area for Improvement 1: While healthcare providers identified multiple “phone a friend” sort of resources for assessment and treatment information during a hazmat incident, those “friends” were rarely subject matter experts who would be able to provide timely and accurate assistance.

Reference: N/A

Analysis: The particular contaminants involved in the scenario are relatively rare, and most normal informational pathways would likely not be able to provide the specific information needed in a timely manner.

Appendix A: IMPROVEMENT PLAN

Issue/Area for Improvement	Corrective Action	Primary Responsible Organization	Organization POC	Start Date	Completion Date	Notes
Participants were not aware of hazmat informational resources beyond the ERG.	Create a list, with links where available, of additional hazmat-specific resources and distribute to coalition members through the Coalition Coordinator.	373 Consulting, ERHCC	Jason Mahoney, Robbie Kavon	01/19/2023	6-2023	Added links and annexes to Radiation Annex. Will have Executive Committee review and approve at next committee meeting.
Neither hospital has up to date training for staff that would be working the decontamination area.	Provide hospitals with hazmat/decon training to ensure decontamination is safe and effective for all involved.	ERHCC	Robbie Kavon	01/19/2023	12-2023	Plan to provide HERT training for coalition members in next budget year.
None of the participating entities has a plan, MOU, etc. for disposal of contaminated waste following a hazmat response.	Develop a list of hazardous waste management companies and share it with coalition members through the Coalition Coordinator.	373 Consulting, ERHCC	Jason Mahoney, Robbie Kavon	01/19/2023	12-2023	Will include hazardous waste management organizations to be included in Radiation Annex.
DES and the hospital do not integrate as much as is likely possible.	Continue to work together through the health care coalition to strengthen communication and	ERHCC members	Robbie Kavon	01/19/2023	12-2023	Coordinator to educate during LEPC/TERC meetings, visits with DES, and during site visits

	coordination between entities.					
Healthcare entities did not notify the DPHHS Duty Officer nor the Coalition Coordinator.	Ensure that healthcare entities understand the necessity and benefits of these notifications, and ideally list these notifications in their plans.	ERHCC members	Robbie Kavon	01/19/2023	12-2023	Education during site visits, coalition meetings, LEPC/TERC meetings and collaboration with DPHHS staff
Surrounding medical facilities were not notified of the incident.	Ensure that healthcare entities understand the necessity and benefits of these notifications, and ideally list these notifications in their plans.	ERHCC members	Robbie Kavon	01/19/2023	12-2023	Educate regarding utilization of EMResource for situational awareness. Educate role of HCC Coordinator and ability to assist and support during an incident.
Healthcare providers may not have been able to source timely assessment and treatment information for this hazmat incident.	Ensure that healthcare entities have resources to provide hazmat-specific information in a timely manner. This could include online resources, Poison Control and others being written into plans.	Healthcare entities	Per entity	01/19/2023	12-2023	Added links and annexes to Radiation Annex. Will have Executive Committee review and approve at next executive committee meeting.

APPENDIX B: EXERCISE PARTICIPANTS

Participating Organizations
State
Montana Department of Health and Human Services
Regional
Eastern Region Health Care Coalition
Local
Frances Mahon Deaconess Hospital
Frances Mahon Deaconess Hospital Ambulance
Rosebud Healthcare
Valley County Disaster and Emergency Services

