Shiver Me Timbers! Earthquake Exercise Exercise Development Options Checklist

Use this worksheet help plan your exercise.

Exercise segments to participate in:

- _____ Segment 1: Staff Job Responsibilities and Readiness Discussion
- ____ Segment 2: Staff Response to Earthquake Shaking
- _____ Segment 3: Facility Leadership Response to Earthquake Shaking
 - (Requires information generated in Segment 2 to support Segment 3)
- Segment 4*: After the Shaking Stops Evacuation Preparation *See below for planning Segment 4

Date and time for the exercise:

____ Thursday Oct 17th starting at 10:17am (NWHRN initiates communication by sending out Alert)

____ Alternate date ______, time ______

____ Alternate date ______, time _____

_____ Alternate date _______, time ______

(For all exercises run on alternate dates, facility initiates communication with NWHRN)

Location:

Conference or Meeting Room for holding Segment 3

____ Conference or Meeting Room for holding Segment 4

Participants:

____ All staff (including traveling staff)

____ Specific depts/units/locations (details below)

____ Patients/residents/clients and families invited to participate

____ Community partners:

NWHRNEMS	
Others (describe)	

*Planning for Segment 4 Tabletop

This Tabletop exercise explores what activities or considerations are needed in case of evacuation. The discussion may focus on a small group of activities or may be more inclusive. Choose the parts that you would like to include in your Segment 4 exercise:

- ____ Emergency Operations Plan and Incident Management Team
- ____ Speed of evacuation
- ____ Priority of patients for evacuation
- ____ Transportation
- Preparation of patient documentation, medications and personal items
- ____ Patient packaging
- ____ Destination of evacuees
- ____ Tracking for patients and on-duty staff
- ____ Consideration for medical, environmental, nutritional and sanitary needs
- ____ Community resources to help support evacuation

Materials Needed for Exercise:

Identify which documents are needed for exercise and how many are needed:

Segment Exercise Plans

- ____ Segment 1 Exercise Plan
 - _____(number) copies for all department leaders leading exercise
- ____ Segment 2 Exercise Plan
 - _____(number) copies for all department leaders leading exercise
- ____ Segment 3 Exercise Plan
 - ____(number) copies for exercise facilitator and evaluators
- ____ Segment 4 Exercise Plan
 - ____(number) copies for exercise facilitator and evaluators

Evaluator Guides

____ Segment 1 Evaluator Guide

_____(number) copies for exercise evaluators

____ Segment 2 Evaluator Guide

_____(number) copies for exercise evaluators

____ Segment 3 Evaluator Guide

_____(number) copies for exercise evaluators

____ Segment 4 Evaluator Guide

_____(number) copies for exercise evaluators

Player and Patient/Resident Information

____ Player Information and Guidance

_____(number) copies for each participant

____ Patient/Resident Player Information and Guidance

_____(number) copies for patient, resident, client that may wish to participate

Support documents for every exercise

____ Sign In Sheet

_____(number) copies for each location

____ Participant Feedback Form

_____(number) copies for every participant