

Shiver Me Timbers! Long Term Care/ Home Health & Hospice Earthquake Exercise

Exercise Plan DRAFT V2

Annual exercise coinciding with Great Shakeout on Oct 17th

Version Date: 9/30/2024

For Official Use Only

EXERCISE OVERVIEW

Exercise Name	Shiver Me Timbers! LTC, HH & H Earthquake Exercise
Exercise Date	Intended to run in conjunction with annual Great Shakeout exercise on October 17 th at 10:17am, though may be scheduled for any other time of the year as well
Purpose	Long Term Care facilities and Home Health Agencies to test readiness for earthquake response for their facilities, staff and patients
Scope	This is an in-person, flex-time exercise depending on the segment(s) chosen, designed to be implemented by individual facilities or agencies. The Northwest Healthcare Response Network may participate upon request
Parameters	This exercise is flexible, allowing individual facilities to choose their level of participation and scheduling to test their readiness for exercise response within their own organizations.
Capabilities	<p>*CMS Emergency Preparedness: Community Participation</p> <p>**Capability 2: Health Care and Medical Response Coordination</p> <p>**Capability 3: Continuity of Health Care Service Delivery</p>
Objectives	<ol style="list-style-type: none"> 1. In advance of an earthquake staff understand and describe their job responsibilities and personal preparedness during an earthquake. 2. Staff locate and validate emergency resources and supplies available to them within the department or facility. 3. Facility interacts with community support partners regarding facility status and resource or support needs as a part of validating preparedness procedures. 4. Staff and residents verbalize and/or demonstrate their response actions during and immediately following an earthquake. 5. Staff report their status of OK/ Not OK, their location and impact at the location immediately following an earthquake. 6. Leadership accounts for all staff, residents, others under their care, visitors, and/or vendors who may be onsite or on duty and assesses impact to the facility immediately following an earthquake. 7. Leadership shares facility, staffing and resident status and immediate resource needs with NWHRN and/or local emergency response partners within one hour following an earthquake. 8. Staff and Leadership assess preparation to evacuate patients and staff to safer locations in the aftermath of an earthquake, with consideration for medical, environmental, nutritional and sanitary needs and notification to families.

Exercise Name	Shiver Me Timbers! LTC, HH & H Earthquake Exercise	
	9. Facility has an up to date emergency operations plan as per their regulatory requirements and Leaders demonstrate use of the plan immediately following an earthquake.	
Objectives specific to NWHRN	<ol style="list-style-type: none"> 1. NWHRN Duty Officer and/or HECC activates in response to the earthquake and prepares to receive status reports from healthcare facilities. 2. NWHRN Duty Officer and/or HECC accounts for all participating healthcare facilities and documents essential elements of information. 	
Threat/Hazard	Earthquake and Aftershocks	
Scenario	Significant Seismic Earthquake Activity has been felt throughout the region with aftershocks highly likely. Facilities and community infrastructure may have damage as a result.	
Exercise Segments	<ol style="list-style-type: none"> 1. Staff Job Responsibilities and Readiness Discussion 2. Staff Response to Earthquake Shaking 3. Facility Leadership Response to Earthquake Shaking 4. After The Shaking Stops – Evacuation Preparation <p>Participants choose to implement individual Segments or combine Segments together for a more extensive exercise.</p>	
Sponsor	NWHRN Long Term Care Advisory Committee	
Participants	Long Term Care facilities that choose to participate Home Health agencies that choose to participate NWHRN HECC Support Team	
Functional Groups within each organization	<ol style="list-style-type: none"> 1. Leadership and Management 2. Frontline staff 3. Residents or others under care 4. Facilities or Operations 5. Community Partners 	
Points of Contact	Add Name and contact information for facility exercise coordinator	Kelly Hill Deputy Director, NWHRN Kelly.Hill@nwhrn.org

* CMS Updated Guidance in Emergency Preparedness – Appendix Z of the State Operations Manual

<https://www.cms.gov/files/document/qso-21-15-all.pdf>

** ASPR Health Care Preparedness and Response Capabilities for Health Care Coalitions

<https://aspr.hhs.gov/HealthCareReadiness/guidance/Documents/Health-Care-Preparedness-and-Response-Capabilities-for-Health-Care-Coalitions.pdf>

GENERAL INFORMATION

Exercise Objectives and Capabilities

The exercise objectives in Table 1 are linked to capabilities, which are distinct critical elements necessary to achieve the specific mission area(s).

Exercise Objective	Core Capability*	Segments
1. In advance of an earthquake staff understand and describe their job responsibilities and personal preparedness during an earthquake.	Capability 3: Continuity of Health Care Service Delivery	1
2. Staff locate and validate emergency resources and supplies available to them within the department or facility.	Capability 3: Continuity of Health Care Service Delivery	1
3. Facility interacts with community support partners regarding facility status and resource or support needs as a part of validating preparedness procedures.	CMS Emergency Preparedness: Community Participation	1, 2, 3, 4
4. Staff and residents verbalize and/or demonstrate their response actions during and immediately following an earthquake.	Capability 3: Continuity of Health Care Service Delivery	2
5. Staff report their status of OK/ Not OK, their location and impact at the location immediately following an earthquake.	Capability 2: Health Care and Medical Response Coordination Capability 3: Continuity of Health Care Service Delivery	2
6. Leadership accounts for all staff, residents, others under their care, visitors, and/or vendors who may be onsite or on duty and assesses impact to the facility immediately following an earthquake.	Capability 2: Health Care and Medical Response Coordination Capability 3: Continuity of Health Care Service Delivery	3
7. Leadership shares facility, staffing and resident status and immediate resource needs with NWHRN and/or local emergency response partners within one hour following an earthquake.	Capability 2: Health Care and Medical Response Coordination	3

Exercise Objective	Core Capability*	Segments
8. Staff and Leadership assess preparation to evacuate patients and staff to safer locations in the aftermath of an earthquake, with consideration for medical, environmental, nutritional and sanitary needs and notification to families.	Capability 2: Health Care and Medical Response Coordination Capability 3: Continuity of Health Care Service Delivery	4
9. The facility has an up to date emergency operations plan as per their regulatory requirements and Leaders demonstrate use of the plan immediately following an earthquake.	Capability 2: Health Care and Medical Response Coordination Capability 3: Continuity of Health Care Service Delivery	3, 4

* CMS Updated Guidance in Emergency Preparedness – Appendix Z of the State Operations Manual <https://www.cms.gov/files/document/qso-21-15-all.pdf>

**Health Care Preparedness and Response Capabilities for Health Care Coalitions <https://aspr.hhs.gov/HealthCareReadiness/guidance/Documents/Health-Care-Preparedness-and-Response-Capabilities-for-Health-Care-Coalitions.pdf>

Table 1. LTC or HH Facility Exercise Objectives and Associated Capabilities

Objectives for NWHRN if participating

The objectives listed below are specific to the Northwest Healthcare Response Network when and if they are participating in the exercise:

Exercise Objective	Core Capability**	Segments
1. NWHRN Duty Officer and/or HECC activates in response to the earthquake and prepares to receive status reports from healthcare facilities.	Capability 2: Health Care and Medical Response Coordination	1, 2, 3
2. NWHRN Duty Officer and/or HECC accounts for participating healthcare facilities and documents essential elements of information.	Capability 2: Health Care and Medical Response Coordination	3

** Health Care Preparedness and Response Capabilities for Health Care Coalitions <https://aspr.hhs.gov/HealthCareReadiness/guidance/Documents/Health-Care-Preparedness-and-Response-Capabilities-for-Health-Care-Coalitions.pdf>

Table 2. NWHRN Exercise Objectives and Associated Capabilities

Implementing this Exercise:

This exercise is designed to collaborate with the annual Great Shakeout exercise, generally held on October 17th at 10:17 am. However, this exercise is not restricted to just this one annual time slot. The exercise may be implemented at any time of the year that the facility chooses.

The exercise includes 4 segments. Segments 1, 2 and 4 may be run as separate, independent exercises. Segment 3 may be run as a separate exercise, but it relies on the information generated with Segment 2 for Segment 3 participants to use. Segment 4, a much more detailed and interactive exercise, may also be run as a separate exercise. Each segment should be immediately followed by debrief discussion about questions, issues, or what was learned because of participation in the exercise. Participants should also be provided an opportunity to provide individual feedback related to their participation. Leaders should include the debrief and individual participant feedback when evaluating success in meeting the established objectives and in writing the After Action Report and Improvement Plan.

Opportunities to engage with community emergency response partners has been built into each of the 4 segments. While much of the scripting for these segments focuses on interaction with the Northwest Healthcare Response Network facilities may invite or reach out to other community emergency response partners to engage with as a part of the exercise. These community emergency response partners include local health jurisdictions, local emergency management, Fire and Emergency Medical Services partners.

Facility leaders must decide which segments to include in their exercise and ensure that the appropriate planning has occurred to support the exercise. Exercise materials and directions for implementing any of the segments are provided by the Northwest Healthcare Response Network.

Note: Throughout this document the word ‘disruption’ is used to represent emergencies and disasters whether planned or unplanned.

Regulatory Guidance

This exercise is guided by several regulatory documents related to healthcare preparedness. The CMS Emergency Preparedness rule* for the Long Term Care, Home Health and Hospice provider types is specifically referenced. The Health Care Preparedness and Response Capabilities for Health Care Coalitions**, originally published in 2016 provides healthcare preparedness guidelines for a variety of provider types as well as healthcare coalitions. Pertinent information from both documents can be found in Appendix A of this document.

* CMS Updated Guidance in Emergency Preparedness – Appendix Z of the State Operations Manual <https://www.cms.gov/files/document/qso-21-15-all.pdf>

** ASPR Health Care Preparedness and Response Capabilities for Health Care Coalitions

<https://aspr.hhs.gov/HealthCareReadiness/guidance/Documents/Health-Care-Preparedness-and-Response-Capabilities-for-Health-Care-Coalitions.pdf>

Participant Roles and Responsibilities

The term *participant* encompasses many groups of people, not just those playing in the exercise. Groups of participants involved in the exercise, and their respective roles and responsibilities, are as follows:

- **Players.** Players are personnel who have an active role in discussing or performing their regular roles and responsibilities during the exercise. Players discuss or initiate actions in response to the simulated emergency.
- **Controllers.** Controllers plan and manage exercise play, set up and operate the exercise site, and act in the roles of organizations or individuals that are not playing in the exercise. Controllers direct the pace of the exercise, provide key data to players, and may prompt or initiate certain player actions to ensure exercise continuity. In addition, they issue exercise material to players as required, monitor the exercise timeline, and supervise the safety of all exercise participants.
- **Simulators.** Simulators are control staff personnel who deliver scenario messages representing actions, activities, and conversations of an individual, agency, or organization that is not participating in the exercise. They most often operate out of the Simulation Cell (SimCell), but they may occasionally have face-to-face contact with players. Simulators function semi-independently under the supervision of SimCell controllers, enacting roles (e.g., media reporters or next of kin) in accordance with instructions provided in the Master Scenario Events List (MSEL). All simulators are ultimately accountable to the Exercise Director and Senior Controller.
- **Evaluators.** Evaluators evaluate and provide feedback on a designated functional area of the exercise. Evaluators observe and document performance against established capability targets and critical tasks, in accordance with the Exercise Evaluation Guides (EEGs).
- **Observers.** Observers visit or view selected segments of the exercise. Observers do not play in the exercise, nor do they perform any control or evaluation functions. Observers view the exercise from a designated observation area and must remain within the observation area during the exercise. Very Important Persons (VIPs) are also observers, but they frequently are grouped separately.
- **Support Staff.** The exercise support staff includes individuals who perform administrative and logistical support tasks during the exercise (e.g., registration, catering).

Exercise Assumptions and Artificialities

In any exercise, assumptions and artificialities may be necessary to complete play in the time allotted and/or account for logistical limitations. Exercise participants should accept that

assumptions and artificialities are inherent in any exercise and should not allow these considerations to negatively impact their participation.

Assumptions

Assumptions constitute the implied factual foundation for the exercise and, as such, are assumed to be present before the exercise starts. The following assumptions apply to the exercise:

- For Long Term Care facilities patients/residents and staff reside / work in a designated healthcare facility.
- For Home Health agencies patients may live in private residences or other similar living situations outside a healthcare facility. While some Home Health agency staff may work in an office, most staff travel to where the patient resides to provide care and services. Exercise participation for Home Health staff will need to include participation while traveling and in patient's homes.
- For Hospice services, some patients may live in a facility and others may live in a private residence or similar setting outside of a healthcare facility. Some staff may work in an office, or in the facility care setting while others may travel to patient residences. Exercise participation for Hospice staff will need to include participation while traveling and in patient's homes.
- The exercise is conducted in a no-fault learning environment wherein capabilities, plans, systems, and processes will be evaluated.
- The exercise scenario is plausible, and events occur as they are presented.
- Exercise simulation contains sufficient detail to allow players to react to information and situations as they are presented as if the simulated incident were real.
- Participating agencies may need to balance exercise play with real-world emergencies. Real-world emergencies take priority.

Artificialities

During this exercise, the following artificialities apply:

- Exercise communication and coordination is limited to participating exercise organizations, venues, and the Sim Cell.
- Only communication methods listed in the Communications Directory are available for players to use during the exercise

Exercise Logistics

Safety

Exercise participant safety takes priority over exercise events. The following general requirements apply to the exercise:

- The Facilitator or Lead Controller are responsible for ensuring the exercise is conducted in a safe environment; any safety concerns must be immediately reported. The Facilitator or Lead Controller will determine if a real-world emergency warrants a pause in exercise play and when exercise play can be resumed.
- For an emergency that requires assistance, use the phrase **“real-world emergency.”** The following procedures should be used in case of a real emergency during the exercise:
 - Facility staff shall respond to medical or other real world emergencies that occur within the facility to the best of their training and within their level of certification.
 - The Facilitator or Lead Controller shall notify other exercise participants should there be a need to pause exercise play or end the exercise.

Real World Emergencies

All exercise participants are to follow the standard emergency medical, fire and safety policies and procedures of each participating organization should there be a real world emergency during the exercise.

Exercise Identification

Exercise participants shall wear identification during the exercise that indicates they are participating in a disaster exercise. This could include wearing a label that says “Exercise Participant” on or near their facility identification badge.

PARTICIPANT INFORMATION AND GUIDANCE

This information should be communicated or provided to all participants at the beginning of the exercise. See the separate handout *Player Information and Guidance* document to be shared with all players.

Exercise Rules

The following general rules govern exercise play:

- **Real-world emergency actions take priority over exercise actions.**
- Exercise players will comply with real-world emergency procedures, unless otherwise directed by the control staff.
- All communications (including written, radio, telephone, and e-mail) during the exercise will begin and end with the statement **“This is an exercise.”**

Player Instructions

Players should follow guidelines before, during, and after the exercise to ensure a safe and effective exercise.

Before the Exercise

- Review appropriate organizational plans, procedures, and exercise support documents.
- Sign in when you arrive to acknowledge your participation.

During the Exercise

- If there is a real-world emergency during exercise play, say “Real World Emergency” so that the Leader or Exercise Coordinator is aware. Then respond to the emergency following the procedures for your facility or organization. The Leader or Exercise Coordinator will determine if and when it is safe to resume exercise play. They will also communicate with any external partners that may be participating in the exercise regarding the status of play.
- Respond to exercise events and information as if the emergency were real, unless otherwise directed by an exercise controller.
- Controllers will give you only information they are specifically directed to disseminate. You are expected to obtain other necessary information through existing emergency information channels.
- If you do not understand the scope of the exercise, or if you are uncertain about an organization’s participation in an exercise, ask a controller.
- Parts of the scenario may seem implausible. Recognize that the exercise has objectives to satisfy and may require incorporation of unrealistic aspects. Every effort has been made

by the exercise's trusted agents to balance realism with safety and to create an effective learning and evaluation environment.

- All exercise communications will begin and end with the statement **"This is an exercise."** This precaution is taken so that anyone who overhears the conversation will not mistake exercise play for a real-world emergency.
- Speak when you take an action. This procedure will ensure that evaluators are aware of critical actions as they occur.

After the Exercise

- Participate in the Debrief at your venue with controllers and evaluators.
- Complete the Participant Feedback Form. This form allows you to comment candidly on emergency response activities and exercise effectiveness. Provide the completed form to a controller or evaluator.
- Provide any notes or materials generated from the exercise to your controller or evaluator for review and inclusion in the AAR.

SEGMENT 1: STAFF JOB RESPONSIBILITIES AND READINESS DISCUSSION

In this segment Department Leaders will facilitate a discussion (*mock disaster drill) with staff about their job responsibilities and actions to take during a disruption (such as an earthquake) and personal and family preparedness. This segment includes two activities: 1) staff to find and inventory emergency supplies available to them; and 2) facility emergency contact to receive and/or send** a notification to NWHRN regarding the status of the facility. The segment may be run by itself separate from any other exercise segment.

*See appendix A in the Exercise Plan for definition

**If this exercise is being run on October 17th in conjunction with the Great Shakeout exercise facilities can expect to receive a request for information from NWHRN which, when the facility responds, represents interaction with a community partner. If the exercise is being run at any other time of the year the facility will need to reach out and contact the NWHRN letting them know this is an exercise and requesting response to the contact.

Participants:

- Staff members (anyone not in a leadership role)
- Leaders (supervisors, managers, directors, etc to lead segment)
- Patients, Residents or Clients and/or their families (if they wish to participate)
- NWHRN (community partner)
- Evaluator to assess performance
- Exercise Coordinator (oversee exercise for the facility)

Duration:

This facilitated mock disaster drill discussion may take between 15 and 20 minutes depending on the number of people participating.

Implement This Segment:

- Leaders facilitate drill discussions
 - What is an emergency, disaster or disruption
 - Responsibilities of staff during emergency, disaster or disruption
 - Review facility policies regarding emergencies and personnel attendance policies
 - Staff on all shifts participate in drill regarding job responsibilities during disruption and personal and family preparedness; all departments or units within the organization are to participate.

- Staff articulate processes for
 - Taking personal safety actions during the emergency or disruption
 - Alerting leadership about an emergency or disruption within the department or facility
- **Activity for staff**
 - Locate emergency resources (plans, policies, procedures online or in hard copy) and supplies (emergency kits, evacuation equipment, etc) available to them
 - Validate that supplies are up to date and in good working order
 - Validate that staff contact information is up to date with the facility and/or leaders

- **Activity for Facility Emergency Contacts for NWHRN**

Facility staff that interact with NWHRN will report their facility operational status and whether there is a request for any resources or support. The reporting options include:

Facility Status Reporting¹

Accepting Patients/Normal Operations

Limited Operations/Limited Bed Availability

Not Accepting Patients/Client Capacity Reached

Facility Non-Operational/Facility Damage

Resource or Support Reporting²

No resources or support needed

Resources needed (explain)

Support needed (explanation)

Note regarding actions needed depending on when exercise is run:

- If the exercise is being run on October 17 in conjunction with the Great Shakeout exercise, NWHRN will send out alerts to participating facilities requesting a report¹ on the status of their facilities and whether there are any resource or support needs².
 - If the exercise is being run at any other time of the year a leader with the facility will need to contact the NWHRN Duty Officer, as a part of the exercise, to report their facility status with a request for confirmation of receipt from NWHRN.
- **Segment Bonus:** Patients, residents, or clients and/or their families are educated on disruption response and personal preparedness. May also participate in locating and reviewing their personal emergency supplies and resources, if they desire.

- **Debrief at the conclusion of the drill within each department or unit:** Write a brief synopsis of what was discussed, and questions raised. Attach staff sign-in sheet and deliver to exercise point of contact for the facility.
- Exercise participants complete Participant Feedback Form and give to Department Leader.

Key Points for Discussion:

Department leaders to facilitate a discussion with staff in all departments and all shifts:

- Discuss impacts from earthquakes which may include:
 - Injuries (staff, patients, visitors, vendors, others)
 - Damaged buildings and blocked roadways
 - Loss of utilities (water, power, gas, medical gas, steam, internet., etc)
 - Communication outages
- Discuss staff responsibilities and expected response during and immediately following an earthquake or emergency

During shaking:

- Protect yourself
- Protect your patients, residents or fellow staff, if you can

After shaking stops:

- Do an assessment and report to leadership
 - OK / Not OK and location
 - Injuries (self, patients, residents, fellow staff or others)
 - Damage in immediate surroundings
 - Immediate threats or need for resources
- Outline who to inform about a disruption, depending on shift
- Review policies regarding attendance during disruption (if applicable)
- Review earthquake response material (Great Shakeout Posters)
- Discuss personal and family preparedness at home, school, work
- Specifically discuss making families of staff prepared for what to do in a disaster especially IF the staff person may be at work during or after an emergency such as an earthquake

Equipment or Supplies Needed:

- Sign in sheet to record all staff participating in drill
- Earthquake Flyers from Great Shakeout Campaign
- Handouts of facility plans, protocols or regulations pertinent to emergency response

- Personal Preparedness materials from Ready.gov, Red Cross or FEMA
- Participant Feedback Form

Associated Exercise Objectives

- 1 In advance of an earthquake staff understand and describe their job responsibilities and personal preparedness during an earthquake.
- 2 Staff locate and validate emergency resources and supplies available to them within the department or facility.
- 3 Facility interacts with community support partners regarding facility status and resource or support needs as a part of validating preparedness procedures.

Associated NWHRN Exercise Objectives

1. NWHRN Duty Officer and/or HECC activates in response to the earthquake and prepares to receive status reports from healthcare facilities.

SEGMENT 2: STAFF RESPONSE TO EARTHQUAKE SHAKING

In this segment staff will verbalize or demonstrate through a *mock disaster drill their response to earthquake shaking and perform a self-assessment and assessment of surrounding area to report to leadership. This segment includes an activity for the facility emergency contact to receive and/or send** a notification to NWHRN regarding the status of the facility. This segment may be run by itself or may be run in conjunction with Segment 3. If Segment 2 and 3 are run together, the exercise would be considered a full scale exercise.

*See appendix A for definition

**If this exercise is being run on October 17th in conjunction with the Great Shakeout exercise facilities can expect to receive a request for information from NWHRN which, when the facility responds, represents interaction with a community partner. If the exercise is being run at any other time of the year the facility will need to reach out and contact the NWHRN letting them know this is an exercise and requesting response to the contact.

Participants:

- Staff members (at all levels)
- Ancillary staff that happen to be working in the area where the exercise takes place
- Patients, Residents or Clients and/or their families (if they wish to participate)
- NWHRN (community partner)
- Evaluator to assess performance
- Exercise Coordinator (oversee exercise for the facility)

Duration:

Demonstration of this segment should take approximately 20 minutes total: 10 – 15 minutes and should be followed by a 5 – 10 minute debrief with participants.

Implement This Segment:

This exercise may be run with all departments or units participating simultaneously or individual departments controlling when the exercise occurs. All shifts should have an opportunity to participate in this exercise segment.

Simultaneous Exercise: The exercise may be run facility wide for all departments or units with the Exercise Coordinator signaling the ‘exercise shaking’ and department leaders observing the response and reporting the debrief notes to the Exercise Coordinator.

Independent Exercise: Individual departments or units may run the exercise at a time of their choosing with the Leader indicating the ‘exercise shaking’, observing the response, and reporting debrief notes to the Exercise Coordinator.

For agencies with staff traveling to provide in-home care: Agency leader signal the ‘exercise shaking’ through whatever means are available to communicate with traveling staff. Upon

receipt of message staff respond accordingly. If currently working with patients, residents or clients the staff person informs them of the exercise and invites them to participate in the exercise, if they wish. Staff report the outcome of the exercise to their Agency leader.

Process:

- Exercise Coordinator or Department/Unit Leader signal 'earthquake shaking'. After 15 to 20 seconds of 'shaking' Exercise Coordinator indicates shaking has stopped.
- Upon receiving 'shaking' alert, staff verbalize or demonstrate what they would do to protect themselves personally during shaking.
- After shaking 'stops' staff assess themselves and report to leadership if they are "OK or Not OK", damage in their immediate surroundings and what help they might need right away.
- Leaders document information from staff and prepare to report the department status (staff, patients, visitors, vendors, equipment, building structure, etc.) to facility leadership.
- Staff perform secondary survey of surrounding area for safety including items that are not secure or could fall if there was further shaking and document for leadership.
- **Activity for Facility Emergency Contacts for NWHRN:**

Facility staff that interact with NWHRN will report their facility operational status and whether there is a request for any resources or support. The reporting options include:

Facility Status Reporting¹

Accepting Patients/Normal Operations

Limited Operations/Limited Bed Availability

Not Accepting Patients/Client Capacity Reached

Facility Non-Operational/Facility Damage

Resource or Support Reporting²

No resources or support needed

Resources needed (explain)

Support needed (explanation)

Note regarding actions needed depending on when exercise is run:

- If the exercise is being run on October 17 in conjunction with the Great Shakeout exercise, NWHRN will send out alerts to participating facilities requesting a report¹ on the status of their facilities and whether there are any resource or support needs².

- If the exercise is being run at any other time of the year a leader with the facility will need to contact the NWHRN Duty Officer, as a part of the exercise, to report their facility status with a request for confirmation of receipt from NWHRN.
- **Segment Bonus:** Patients, residents or clients and/or their families may participate in demonstrating their personal protective response to earthquake shaking along with the staff.
- **Segment Bonus:**
 - Option 1: Participants take photographs while they are ‘protecting themselves’ to share with leadership.
 - Option 2: Participants take photographs of things they have done to safeguard their areas from effects of earthquake shaking (i.e., fastening shelves, securing tall items or large appliances/equipment to walls; adding lip edges to bookshelves; moving or securing items that could fall) and share with leadership.
- **Debrief at the conclusion of the drill:** At the conclusion of the drill, with everyone that participated, Exercise Coordinator leads discussions about and documents actions that were good and should continue to be used and what things or actions could be improved that would make earthquake response better or safer.
- **Exercise participants** complete Participant Feedback Form and give to Exercise Coordinator.

Equipment or Supplies Needed:

- Tap bell, hand bell, or other signaling device
- Device for taking photographs
- Sign in sheet to document every person that participated in the drill
- Participant Feedback Form

Associated Exercise Objectives

3. Facility interacts with community support partners regarding facility status and resource or support needs as a part of validating preparedness procedures.
4. Staff and residents verbalize and or demonstrate their response actions during and immediately following an earthquake.
5. Staff report their status of OK/ Not OK, their location and impact at the location immediately following an earthquake.

Associated NWHRN Exercise Objectives

1. NWHRN Duty Officer and/or HECC activates in response to the earthquake and prepares to receive status reports from healthcare facilities.

SEGMENT 3: FACILITY LEADERSHIP RESPONSE TO EARTHQUAKE SHAKING

In this *full-scale exercise segment facility leaders and staff that would be a part of a Healthcare Incident Command Team will demonstrate their response immediately following earthquake shaking. This segment relies on the data generated from Segment 2 regarding department/unit status immediately following an earthquake. Segment 3 may be run consecutively with Segment 2 or may be run independently using the information generated from Segment 2 run at an earlier time. This segment may include the NWHRN and/ or local emergency management or public health for community engagement.

*See appendix A for definition

Participants:

- Facility leaders and staff that participate on the Healthcare Incident Management Team or Incident Response Team.
- NWHRN (community partner)
- Evaluators to assess performance
- Exercise Coordinator (oversee exercise for the facility)

Duration:

This segment may take between 60 and 90 minutes and should be followed by a Debrief discussion on issues identified during the exercise.

Implement This Segment:

- Exercise Controller signals earthquake 'shaking' for the participants
- Participants participate in Segment 2 of this exercise
- Leaders communicate with all department leads to request and receive situation status reports for:
 - Long Term Care: all on-duty staff, patients, visitors, vendors and department status including status, injuries and resources needed.
 - Home Health and Hospice: all in-office staff, traveling staff and their location, patients and families (if known) including status, injuries and resources needed.
- Leaders compile situation status reports for a comprehensive facility situational status report.

The facility reporting options include (additional details may be added to more fully illustrate the facility status):

Facility Status Reporting¹

Accepting Patients/Normal Operations

Limited Operations/Limited Bed Availability

Not Accepting Patients/Client Capacity Reached

Facility Non-Operational/Facility Damage

Resource or Support Reporting²

No resources or support needed

Resources needed (explain)

Support needed (explanation)

Note regarding actions needed depending on when exercise is run:

- If the exercise is being run on October 17 in conjunction with the Great Shakeout exercise, NWHRN will send out alerts to participating facilities requesting a report¹ on the status of their facilities and whether there are any resource or support needs².
- If the exercise is being run at any other time of the year a leader with the facility will need to contact the NWHRN Duty Officer, as a part of the exercise, to report their facility status with a request for confirmation of receipt from NWHRN.
- Leaders share the comprehensive situational status report with corporate and community partners (NWHRN, local emergency management or public health) as is appropriate within 1 hour of the shaking stopping.

Northwest Healthcare Response Network Healthcare Emergency Coordination Center (if participating)

1. NWHRN Duty Officer receives notifications of incidents and activates the HECC to gather situational status reports
2. NWHRN HECC validates that status reports have been received from all affected (participating) facilities and reaches out to those that have not yet submitted their situational status reports.

Equipment or Supplies Needed:

- Computer with data management applications
- Email
- Internet connectivity
- Communication capability

Associated Exercise Objectives

3. Facility interacts with community support partners regarding facility status and resource or support needs as a part of validating preparedness procedures.
6. Leadership accounts for all staff, residents, others under their care, visitors, and/or vendors who may be onsite or on duty and assesses impact to the facility immediately following an earthquake.
7. Leadership shares facility, staffing and resident status with NWHRN and/or local emergency response partners within one hour following an earthquake.
9. The facility has an up to date emergency operations plan as per their regulatory requirements and Leaders demonstrate use of the plan immediately following an earthquake.

NWHRN-Associated Exercise Objectives

- 1 NWHRN Duty Officer and/or HECC activates in response to the earthquake and prepares to receive status reports from healthcare facilities.
- 2 NWHRN Duty Officer and/or HECC accounts for all participating healthcare facilities and documents essential elements of information.

SEGMENT 4: AFTER THE SHAKING STOPS – EVACUATION PREPARATION

In Segment 4 leaders and staff hold a *Tabletop exercise (TTX) to discuss preparations necessary for evacuating and accounting for patients, residents or clients and on-duty staff from a damaged-impacted facility or location. This segment may be run in consecutively with Segments 2 and 3 or may be run independently as it requires the input of the individual departments regarding their status following an earthquake.

*See appendix A for definition

Participants:

Participants in this tabletop should represent a broad cross section of departments within the organization that may assist directly or indirectly in a patient evacuation. Consider inviting community partners that may be called on to assist with an evacuation (i.e., Northwest Healthcare Response Network, EMS, local health jurisdiction, local emergency management, etc.) They may include but not be limited to:

- Facility leaders
- Department/unit leaders
- Frontline staff on patient care departments or units
- Staff from ancillary support departments or units
- NWHRN, EMS or other community partners (optional)
- Evaluator to assess performance
- Exercise Coordinator (oversee exercise for facility)

Duration:

This segment may run from 60 to 90 minutes. The TTX should be facilitated by a leader within the facility familiar with processes and procedures for the facility related to patient evacuation needs.

Implement This Segment:

Listed below are activities that would be involved in an evacuation of the facility. You may wish to focus on a select few activities and explore those areas in depth. The Exercise Coordinator and/or Leader facilitating the exercise will select which parts to include in the exercise. Add other pertinent questions related to a topic as needed. The facilitator will lead the participants through a discussion of the topics chosen for the exercise. The goal is to identify where there are gaps (areas for improvement) in planning, response, supplies, training.

Scenario: An emergency or disaster (i.e., an earthquake, fire, etc.) has occurred but is not currently a threat to staff, patients or others. However, there is a need to evacuate patients from the building.

Emergency Operations Plan and Incident Management Team:

- Staff are familiar with the emergency operations plan for the facility, and it is up to date
- Staff activate members of the Incident Management Team

Speed of Evacuation:

- Is the nature of the emergency one which requires immediate, rapid or staged, methodical evacuation?
- Is there need for a horizontal evacuation or evacuation to leave the building?
- Different requirements for horizontal, immediate, rapid or staged, methodical evacuation?

Priority of Patients for Evacuation:

- What is the process for determining priority of evacuating patients?
- Where are patients of differing transport priorities staged?
 - Ambulatory with minimal care oversight during transportation in a vehicle other than an ambulance?
 - Basic Life Support (BLS) Ambulance?
 - Advanced Life Support (ALS) Ambulance?
 - Other?

Transportation:

- Where are different transportation resources coming from?
- Memorandums of Understanding for urgent transportation support in place?

Preparation of Patient Documentation, Medications and Personal Items:

- What patient documentation is necessary? Paper only or electronic, or both?
- What patient medications need to accompany the patient and how is it managed?
- Any assistive devices needed by patients (glasses, dentures, walker, cane, etc.)

Patient Packaging:

- Do staff know how to package a patient for evacuation?
- Do staff have access to evacuation equipment and have experience using it?

Destination for Evacuees:

- Will evacuees go to an interim location or directly to another facility?
- Do families have input on where patient is going to during the evacuation?
- Are Memorandums of Understanding in place for distributing patients during an evacuation?

Tracking for patients and on-duty staff:

- Is there a process for tracking where patients and on-duty staff go during an evacuation?
- How is the tracking process cross-checked for validity?
- Are patient families informed of the new location of their family member or friend?
- Process for return of patients and staff to original facility?

Consideration for medical, environmental, nutritional and sanitary needs:

- Process for assessing medical, environmental, nutritional and sanitary needs of patients and staff during evacuation?

Community Resources to Help Support Evacuation:

- What agencies or organizations can be called on to assist and support evacuation?
- Are the contact names and phone numbers for these outside resources available and up to date?

Equipment or Supplies Needed:

- Room large enough to accommodate participants (Could be facilitated as a virtual tabletop exercise)
- Computer and audio visual equipment to project presentation
- Participant Feedback Forms

POST-EXERCISE ACTIVITIES

Debriefings

Post-exercise debriefings aim to collect sufficient relevant data to support effective evaluation and improvement planning.

Process:

At the conclusion of exercise play, a controller or evaluator will lead a Debrief to allow players to discuss strengths and areas for improvement, and evaluators to seek clarification regarding player actions and decision-making processes. All participants may attend; however, observers are not encouraged to attend the meeting. The information gathered during a hotwash contributes to the AAR/IP and any exercise suggestions can improve future exercises.

Participants:

Everyone that participated in the exercise should participate in the debriefing.

Participant Feedback Forms

Participant Feedback Forms should be distributed to all participants. They offer the opportunity to comment candidly on exercise activities and exercise design, and to share observed strengths and areas for improvement. Participant Feedback Forms should be collected at the conclusion of the debrief or requested to be returned very shortly after the exercise.

Associated Exercise Objectives

3. Facility interacts with community support partners regarding facility status and resources or support needs as a part of validating preparedness procedures.
8. Staff and Leadership assess preparation to move patients and staff to safer locations in the aftermath of an earthquake, including gathering patient records, medications and critical items; consideration for medical, environmental, nutritional and sanitary needs; and notification to families.
9. The facility has an up to date emergency operations plan as per their regulatory requirements and Leaders demonstrate use of the plan immediately following an earthquake.

APPENDIX A: CMS REGULATORY LANGUAGE REGARDING TESTING EMERGENCY OPERATIONS PLANS:

The CMS Emergency Preparedness Rule regarding testing of Emergency Operations Plans is as follows:

Long Term Care Facilities – CMS Emergency Preparedness Requirements for Testing (Exercises)

The facility must conduct exercises to test the emergency plan at least twice per year, including unannounced staff drills using emergency procedures. The facility must do the following:

- i. Participate in an annual full-scale exercise that is community-based; or
 - A. When a community-based exercise is not accessible, conduct an annual individual, facility-based functional exercise.*
 - B. If the facility experiences an actual natural or man-made emergency that requires activation of the emergency plan, the facility is exempt from engaging in its next required full-scale community-based or individual, facility based functional exercise following the onset of the emergency event**
- ii. Conduct an additional annual exercise that may include, but is not limited to the following:
 - A. A second full-scale exercise that is community-based or an individual, facility-based functional exercise; or*
 - B. A mock disaster drill; or*
 - C. A tabletop exercise or workshop that is led by a facilitator and includes a group discussion, using a narrated, clinically relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan**
- iii. Analyze the facility's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the facility's emergency plan as needed.*

Home Health Agencies – CMS Emergency Preparedness Requirements for Testing (Exercises)

Testing. The HHA must conduct exercises to test the emergency plan at least annually. The HHA must do the following:

- i. Participate in a full-scale exercise that is community-based; or
 - A. When a community-based exercise is not accessible, conduct an annual individual, facility-based functional exercise every 2 years; or**

Testing for hospices that provide **inpatient care** directly. The hospice must conduct exercises to test the emergency plan twice per year. The hospice must do the following:

- i. Participate in an annual full-scale exercise that is community-based; or
 - A. When a community-based exercise is not accessible, conduct an annual individual facility-based functional exercise; or
 - B. If the hospice experiences a natural or man-made emergency that requires activation of the emergency plan, the hospice is exempt from engaging in its next required full-scale community based or facility-based functional exercise following the onset of the emergency event.
- ii. Conduct an additional annual exercise that may include, but is not limited to the following:
 - A. A second full-scale exercise that is community-based or a facility based functional exercise; or
 - B. A mock disaster drill; or
 - C. A tabletop exercise or workshop led by a facilitator that includes a group discussion using a narrated, clinically relevant emergency scenario, and a set of problem statements, directed messages or prepared questions designed to challenge an emergency plan
- iii. Analyze the hospice's response to and maintain documentation of all drills, tabletop exercises, and emergency events and revise the hospice's emergency plan, as needed.

CMS EP Testing Definitions

Community Partners: Community partners are considered any emergency management officials (fire, police, emergency medical services, etc.) for full-scale and community-based exercises, however, can also mean community partners that assist in an emergency, such as surrounding providers and suppliers. The intent behind full-scale and community based exercises is to ensure the facility's emergency program and response capabilities complement the local and state emergency plans and support an integrated response while protecting the health and safety of patients.

Full-Scale Exercise: A full scale exercise is an operations-based exercise that typically involves multiple agencies, jurisdictions and disciplines performing functional (for example, joint field office, emergency operations centers, etc.) and integration of operational elements involved in the response to a disaster event, i.e. "boots on the ground" response activities (for example, hospital staff treating mock patients). Though there is no specific number of entities required to participate in a full-scale community-based exercise, it is recommended that it be a

collaborative exercise which involves at a minimum local or state emergency officials and is robust to develop community-based responses to potential threats.

Functional Exercise (FE): *The Department of Homeland Security's (DHS's) Homeland Security Exercise and Evaluation Program (HSEEP) explains that FEs are an operations-based exercise that is designed to validate and evaluate capabilities, multiple functions and/or sub-functions, or interdependent groups of functions. FEs are typically focused on exercising plans, policies, procedures, and staff members involved in management, direction, command, and control functions.*

Mock Disaster Drill: *A mock disaster drill is a coordinated, supervised activity usually employed to validate a specific function or capability in a single agency or organization. Mock disaster drills are commonly used to provide training on new equipment, validate procedures, or practice and maintain current skills. For example, mock disaster drills may be appropriate for establishing a community-designated disaster receiving center or shelter. Mock disaster drills can also be used to determine if plans can be executed as designed, to assess whether more training is required, or to reinforce best practices. A mock disaster drill is useful as a stand-alone tool, but a series of drills can be used to prepare several organizations to collaborate in an FSE.*

Table-Top Exercise (TTX): *A tabletop exercise involves key personnel discussing simulated scenarios in an informal setting. TTXs can be used to assess plans, policies, and procedures. A tabletop exercise is a discussion-based exercise that involves senior staff, elected or appointed officials, and other key decision making personnel in a group discussion centered on a hypothetical scenario. TTXs can be used to assess plans, policies, and procedures without deploying resources.*

Workshop: *A workshop, for the purposes of this guidance, is a planning meeting, seminar or practice session, which establishes the strategy and structure for an exercise program. We are aligning our definitions with the HSEEP guideline.*

Health Care Preparedness and Response Capabilities for Health Care Coalitions

<https://aspr.hhs.gov/HealthCareReadiness/guidance/Documents/Health-Care-Preparedness-and-Response-Capabilities-for-Health-Care-Coalitions.pdf>

Purpose

ASPR recognizes that there is shared authority and accountability for the health care delivery system's readiness that rests with private organizations, government agencies, and Emergency Support Function-8 (ESF-8, Public Health and Medical Services) lead agencies. Given the many public and private entities that must come together to ensure community preparedness, HCCs

serve an important communication and coordination role within their respective jurisdiction(s). HCCs coordinate activities among health care organizations and other stakeholders in their communities.