

# Shiver Me Timbers! LTC/HH/H Earthquake Exercise

## 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 17<sup>th</sup> 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.

### Safety

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

- The Facilitator or Leader is responsible for ensuring the exercise is conducted in a safe environment; any safety concerns must be immediately reported. The Facilitator or

Leader 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.

## 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

### 2. 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 Reporting<sup>1</sup>

- Accepting Patients/Normal Operations
- Limited Operations/Limited Bed Availability
- Not Accepting Patients/Client Capacity Reached
- Facility Non-Operational/Facility Damage

Resource or Support Reporting<sup>2</sup>

- 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 report<sup>1</sup> on the status of their facilities and whether there are any resource or support needs<sup>2</sup>.
- 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

## 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 and Capabilities

Exercise Objective	Core Capability
1. In advance of an earthquake staff understand and describe their job responsibilities and personal preparedness during an earthquake.	<b>**Capability 3:</b> Continuity of Health Care Service Delivery
2. Staff locate and validate emergency resources and supplies available to them within the department or facility.	<b>**Capability 3:</b> Continuity of Health Care Service Delivery
3. Facility interacts with community support partners regarding facility status and resource or support needs as a part of validating preparedness procedures.	<b>*CMS Emergency Preparedness:</b> Community Participation

## Associated NWHRN Exercise Objectives and Capabilities

Exercise Objective	Core Capability
1. NWHRN Duty Officer and/or HECC activates in response to the earthquake and prepares to receive status reports from healthcare facilities.	<b>*Capability 2:</b> Health Care and Medical Response Coordination

\* 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>