

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

## 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 may be run by itself or may be run in conjunction with Segment 3.

### Core Capabilities\* Being Tested

#### **\*CMS Emergency Preparedness: Community Participation and 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.*

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

#### **\*\*Capability 2: Health Care and Medical Response Coordination**

*Health care and medical response coordination enables the health care delivery system and other organizations to share information, manage and share resources, and integrate their activities with other jurisdiction partners.*

#### **\*\*Capability 3: Continuity of Health Care Service Delivery**

*Optimal emergency medical care relies on intact infrastructure, functioning communications and information systems, and support services. The ability to deliver health care services is likely to be interrupted when internal or external systems such as utilities, electronic health records (EHRs), and supply chains are compromised. However, health care organizations should take a broader view and address all risks that could compromise continuity of health care service delivery.*

\*\* 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>

## Associated Exercise Objectives

Exercise Objective	Expected Actions	Satisfactory/ Not Satisfactory	
3. Facility interacts with community support partners regarding facility status and resource or support needs as a part of validating preparedness procedures.	Staff demonstrate ability to: <ul style="list-style-type: none"> <li>• Gather current status of the facility and resource or support needs</li> <li>• Use a variety of communication means to Communicate with NWHRN</li> <li>• Follow established status and needs categories for reporting</li> </ul>	(Circle)	
4. Staff and residents verbalize and/or demonstrate their response actions during and immediately following an earthquake.	Staff demonstrate ability to: <ul style="list-style-type: none"> <li>• Recognize that earthquake shaking is occurring</li> <li>• Locate a suitable place to 'Drop, Cover and Hold'</li> <li>• Only leave suitable place after shaking has stopped</li> </ul>	(Circle)	
5. Staff report their status of OK/ Not OK, their location and impact at the location immediately following an earthquake.	Staff demonstrate ability to: <ul style="list-style-type: none"> <li>• Assess their personal safety</li> <li>• Assess the safety of the surrounding area</li> <li>• Assess the safety of other staff and/or patients</li> <li>• Report the safety of themselves, their surroundings and others to a leader Cap-coord</li> </ul>	(Circle)	

## Notes on Strengths (things to keep doing)

## Notes on Areas for Improvement (What could be done better)