

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 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.

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:

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

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*
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
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
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

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.	*Capability 2: 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>