

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

## 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 in the Exercise Plan for definition

### Participants:

- Facility leaders and staff that participate on the Healthcare Incident Command 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.

### 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:

- 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 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.
- 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

**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.	<b>*CMS Emergency Preparedness:</b> Community Participation
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.	<b>**Capability 2:</b> Health Care and Medical Response Coordination <b>**Capability 3:</b> Continuity of Health Care Service Delivery
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.	<b>**Capability 2:</b> Health Care and Medical Response Coordination
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.	<b>**Capability 2:</b> Health Care and Medical Response Coordination <b>**Capability 3:</b> Continuity of Health Care Service Delivery

## Associated NWHRN Exercise Objectives and Capabilities

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
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
2. NWHRN Duty Officer and/or HECC accounts for all participating healthcare facilities and documents essential elements of information.	<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>