

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

## 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 in the Exercise Plan 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. 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.

### 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:

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 and Capabilities

Exercise Objective	Core Capability
3. Facility interacts with community support partners regarding facility status and resources or support needs as a part of validating preparedness procedures.	<b>*CMS Emergency Preparedness:</b> Community Participation
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.	<b>**Capability 2:</b> Health Care and Medical Response Coordination <b>**Capability 3:</b> Continuity of Health Care Service Delivery
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

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>

\*\*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>