

Shiver Me Timbers! LTC/HH/H Earthquake Exercise

Exercise Segment Comparison, CMS Requirements and Definitions

The exercise segments are cross walked below to the type of exercise, duration, participants, scenario activities and prepared documents. The CMS Emergency Preparedness language for Long Term Care facilities, Home Health agencies and Hospice agencies is included along with the CMS definitions for different exercise types.

	Type of Exercise	Duration	Participants <i>Community Partners</i>	Scenario Activities	Shiver Me Timbers! Prepared Documents to Use
Segment 1: Staff Job Responsibilities and Readiness Discussion	Mock Disaster Drill	15-20 min	<ul style="list-style-type: none"> All staff in all departments or units Include patients, residents, clients, families if interested <i>NWHRN</i> 	Review and demonstration of: <ul style="list-style-type: none"> staff responsibilities during a disaster disaster supplies (locate and validate) Interaction with NWHRN for reporting facility status and resource or support needs personal preparedness 	<ul style="list-style-type: none"> Segment 1 Exercise Plan Sign In Sheet Player Information and Guidance Patient/Resident Player Information and Guidance Segment 1 Evaluator Guide Participant Feedback Form
Segment 2: Staff Response to Earthquake Shaking	Mock Disaster Drill	20 min	<ul style="list-style-type: none"> All staff in all departments or units Include patients, residents, clients, families if interested <i>NWHRN</i> 	Demonstration of: <ul style="list-style-type: none"> response when shaking occurs Assessing self, others, surroundings for OK/Not OK Reporting status to leaders immediately following shaking Interaction with NWHRN for reporting facility status and resource or support needs 	<ul style="list-style-type: none"> Segment 2 Exercise Plan Sign In Sheet Player Information and Guidance Patient/Resident Player Information and Guidance Segment 2 Evaluator Guide Participant Feedback Form
Segment 3: Facility Leadership Response to Earthquake Shaking	Full Scale Exercise	60-90 min	<ul style="list-style-type: none"> Facility leaders that participate on the Healthcare Incident Management Team <i>NWHRN</i> 	Demonstration of: <ul style="list-style-type: none"> Gathering status reports from across the organization Generating a situation report of the overall status of the facility Interaction with NWHRN for reporting facility status and resource or support needs 	<ul style="list-style-type: none"> Segment 3 Exercise Plan Sign In Sheet Player Information and Guidance Patient/Resident Player Information and Guidance Segment 3 Evaluator Guide Participant Feedback Form
Segment 4: After the Shaking Stops – Evacuation Preparation	Tabletop Exercise	60-90 min	<ul style="list-style-type: none"> Broad cross section of departments that may assist directly or indirectly in patient evacuation <i>NWHRN, EMS, LHI, others?</i> 	Discussion of: <ul style="list-style-type: none"> Activities necessary for preparing to evacuate the facility Interaction with NWHRN or other community partners for reporting facility status and resource or support needs 	<ul style="list-style-type: none"> Segment 4 Exercise Plan Sign In Sheet Instruct Player Information and Guidance Patient/Resident Player Information and Guidance Segment 4 Evaluator Guide Participant Feedback Form

CMS REGULATORY LANGUAGE REGARDING TESTING EMERGENCY OPERATIONS PLANS:

The CMS Emergency Preparedness Rule regarding testing of Emergency Operations Plans is as follows:

Long Term Care Facilities – CMS Emergency Preparedness Requirements for Testing (Exercises)

The facility must conduct exercises to test the emergency plan at least twice per year, including unannounced staff drills using emergency procedures. The facility must do the following:

- i. Participate in an annual full-scale exercise that is community-based; or
 - A. When a community-based exercise is not accessible, conduct an annual individual, facility-based functional exercise.*
 - B. If the facility experiences an actual natural or man-made emergency that requires activation of the emergency plan, the facility is exempt from engaging in its next required full-scale community-based or individual, facility based functional exercise following the onset of the emergency event**
- ii. Conduct an additional annual exercise that may include, but is not limited to the following:
 - A. A second full-scale exercise that is community-based or an individual, facility-based functional exercise; or*
 - B. A mock disaster drill; or*
 - C. A tabletop exercise or workshop that is led by a facilitator and includes a group discussion, using a narrated, clinically relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan**
- iii. Analyze the facility's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the facility's emergency plan as needed.*

Home Health Agencies – CMS Emergency Preparedness Requirements for Testing (Exercises)

Testing. The HHA must conduct exercises to test the emergency plan at least annually. The HHA must do the following:

- Participate in a full-scale exercise that is community-based; or*
- A. When a community-based exercise is not accessible, conduct an annual individual, facility-based functional exercise every 2 years; or*

- B. *If the HHA experiences an actual natural or man-made emergency that requires activation of the emergency plan, the HHA is exempt from engaging in its next required full-scale community-based or individual, facility based functional exercise following the onset of the emergency event*

Conduct an additional exercise every 2 years, opposite the year the full-scale or functional exercise under paragraph (d)(2)(i) of this section is conducted, that may include, but is not limited to the following:

- ii. *A second full-scale exercise that is community-based or an individual, facility-based functional exercise; or*
 - A. *A mock disaster drill; or*
 - B. *A tabletop exercise or workshop that is led by a facilitator and includes a group discussion, using a narrated, clinically relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan*
- iii. *Analyze the HHA's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the HHA's emergency plan as needed.*

Hospice Care (in home and inpatient) – CMS Emergency Preparedness Requirements for Testing (Exercises)

*Testing for hospices that **provide care in the patient's home**. The hospice must conduct exercises to test the emergency plan at least annually. The hospice must do the following:*

- i. *Participate in a full-scale exercise that is community based every 2 years; or*
 - A. *When a community-based exercise is not accessible, conduct an individual facility based functional exercise every 2 years; or*
 - B. *If the hospice experiences a natural or man-made emergency that requires activation of the emergency plan, the hospital is exempt from engaging in its next required full-scale community-based exercise or individual facility-based functional exercise following the onset of the emergency event.*
- ii. *Conduct an additional exercise every 2 years, opposite the year of the full-scale or functional exercise under paragraph (d)(2)(i) of this section is conducted, that may include, but is not limited to the following:*
 - A. *A second full-scale exercise that is community-based or a facility based functional exercise; or*
 - B. *A mock disaster drill; or*
 - C. *A tabletop exercise or workshop that is led by a facilitator and includes a group discussion using a narrated, clinically relevant emergency scenario, and a set of problem statements, directed messages or prepared questions designed to challenge an emergency plan.*

Testing for hospices that provide **inpatient care** directly. The hospice must conduct exercises to test the emergency plan twice per year. The hospice must do the following:

Participate in an annual full-scale exercise that is community-based; or

- A. When a community-based exercise is not accessible, conduct an annual individual facility-based functional exercise; or*
- B. If the hospice experiences a natural or man-made emergency that requires activation of the emergency plan, the hospice is exempt from engaging in its next required full-scale community based or facility-based functional exercise following the onset of the emergency event.*

Conduct an additional annual exercise that may include, but is not limited to the following:

- A. A second full-scale exercise that is community-based or a facility based functional exercise; or*
- B. A mock disaster drill; or*
- C. A tabletop exercise or workshop led by a facilitator that includes a group discussion using a narrated, clinically relevant emergency scenario, and a set of problem statements, directed messages or prepared questions designed to challenge an emergency plan*

Analyze the hospice’s response to and maintain documentation of all drills, tabletop exercises, and emergency events and revise the hospice’s emergency plan, as needed.

CMS EP Testing Definitions

Community 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.*

Full-Scale Exercise: *A full scale exercise is an operations-based exercise that typically involves multiple agencies, jurisdictions and disciplines performing functional (for example, joint field office, emergency operations centers, etc.) and integration of operational elements involved in the response to a disaster event, i.e. “boots on the ground” response activities (for example, hospital staff treating mock patients). Though there is no specific number of entities required to participate in a full-scale community-based exercise, it is recommended that it be a collaborative exercise which involves at a minimum local or state emergency officials and is robust to develop community-based responses to potential threats.*

Functional Exercise (FE): *The Department of Homeland Security’s (DHS’s) Homeland Security Exercise and Evaluation Program (HSEEP) explains that FEs are an operations-*

based exercise that is designed to validate and evaluate capabilities, multiple functions and/or sub-functions, or interdependent groups of functions. FEs are typically focused on exercising plans, policies, procedures, and staff members involved in management, direction, command, and control functions.

Mock Disaster Drill: *A mock disaster drill is a coordinated, supervised activity usually employed to validate a specific function or capability in a single agency or organization. Mock disaster drills are commonly used to provide training on new equipment, validate procedures, or practice and maintain current skills. For example, mock disaster drills may be appropriate for establishing a community-designated disaster receiving center or shelter. Mock disaster drills can also be used to determine if plans can be executed as designed, to assess whether more training is required, or to reinforce best practices. A mock disaster drill is useful as a stand-alone tool, but a series of drills can be used to prepare several organizations to collaborate in an FSE.*

Table-Top Exercise (TTX): *A tabletop exercise involves key personnel discussing simulated scenarios in an informal setting. TTXs can be used to assess plans, policies, and procedures. A tabletop exercise is a discussion-based exercise that involves senior staff, elected or appointed officials, and other key decision making personnel in a group discussion centered on a hypothetical scenario. TTXs can be used to assess plans, policies, and procedures without deploying resources.*

Workshop: *A workshop, for the purposes of this guidance, is a planning meeting, seminar or practice session, which establishes the strategy and structure for an exercise program. We are aligning our definitions with the HSEEP guideline.*

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>

Purpose: ASPR recognizes that there is shared authority and accountability for the health care delivery system's readiness that rests with private organizations, government agencies, and Emergency Support Function-8 (ESF-8, Public Health and Medical Services) lead agencies. Given the many public and private entities that must come together to ensure community preparedness, HCCs serve an important communication and coordination role within their respective jurisdiction(s). HCCs coordinate activities among health care organizations and other stakeholders in their communities.