

Los Angeles County Emergency Medical Services Agency

<u>Evacuation and Shelter in Place Guidance</u> <u>for Healthcare Facilities</u>

Part III: Tabletop Exercises

April 17, 2012

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INTRODUCTION

Background

Evacuation of a healthcare facility may be necessary following an emergency such as a facility fire or damage from a natural disaster such as an earthquake or flooding. The decision to evacuate a healthcare facility will be based on the ability of the facility to meet the medical needs of the patients/residents and/or the ability to ensure life safety of patients/residents, personnel, and visitors. Immediate threats to life, such as internal fires or unstable structures, will require emergent evacuation, while other situations may require a shelter-in-place or allow for a planned and phased evacuation.

Purpose

The purpose of this exercise is to provide an open environment for participants to have an opportunity to identify key response activities and identify resource and planning needs as they pertain to shelter in place and/or evacuation.

In addition, it is an opportunity to better understand the roles, relationships, and responsibilities, and expectations of facility departments (or community response partners, if engaging outside agencies), and to coordinate and integrate plans.

These exercise modules can be used:

- To brainstorm on potential problems and solutions
- To review current policies and procedures
- Within the facility for single or multiple departments, or with healthcare coalition partners and other community response partners

Exercise Goal

This exercise will focus on the following goal: to evaluate the effectiveness of the facility Evacuation Plan. This activity will work toward satisfying The Joint Commission Emergency Management Standard EM.03.01.03: The hospital evaluates the effectiveness of its Emergency Operations Plan, as well as EM.02.02.11, EP 3: How the hospital will evacuate (from one section or floor to another within the building, or, completely outside the building) when the environment cannot support care, treatment, and services.

Exercise Objectives

Exercise objectives are focused on improving understanding of a response concept, identifying opportunities, problems and solutions. The exercise will focus on the following objectives:

- Overarching objective: Identify facility-wide and department-specific action steps
 - Issues and considerations
 - Planning needs
 - o Resource needs

Communications

- To identify how to communicate between the Command Center and affected areas, and between evacuation assembly points
- To identify the roles and responsibilities of pre-identified community partners

Resources and Assets

 To develop a process to prioritize, manage, and allocate resources, especially scarce resources (e.g., specialized evacuation equipment)

Safety and Security

- o To identify ways to ensure the safety of personnel in performing evacuations
- To identify priority areas for securing the facility

• Personnel Responsibilities

- To identify how personnel will coordinate roles and responsibilities with preidentified community partners
- To collaborate in developing plans that are vertically and horizontally integrated with appropriate departments, facilities, agencies, and jurisdictions in order to better define roles and responsibilities

• Patient Clinical and Support Activities

- To assess the ability to rapidly evacuate the facility while maintaining appropriate patient care
- To develop a process to establish an emergency triage and pre-hospital or minor care treatment area in austere conditions at the evacuation assembly points

Exercise Structure

Participants will experience the following two modules:

- Module 1: Wildfire / Shelter in Place or Evacuation
- Module 2: Earthquake / Complete Evacuation

Each module includes a scenario that summarizes the incident. Participants will review the situation, discussion questions, and engage in group discussions of appropriate response issues.

If using small group discussions, participants will then enter into a facilitated large group discussion in which a spokesperson from each group presents a synopsis of the group's challenges, solutions and needs based on the scenario.

Exercise Guidelines

This is an open, low-stress, no-fault environment. Varying viewpoints, even disagreements, are expected.

- Respond based on your knowledge of current plans, capabilities and insights derived from training.
- Decisions are not precedent setting and may not reflect your department or organization's final position on a given issue. This is an opportunity to discuss and present multiple options and possible solutions.

• Issue identification as well as suggestions and recommended actions that could improve preparedness and response efforts are welcome.

Assumptions and Artificialities

In any exercise, a number of assumptions and artificialities may be necessary to complete play in the time allotted. During this exercise, the following apply:

- The scenario is plausible, and events occur as they are presented.
- There is no "hidden agenda" nor any trick questions.
- All participants receive information at the same time.

Module 1: Wildfire / Shelter in Place or Evacuate

Scenario

A major wildfire has been burning in your area for the last three days, and several residential areas have evacuated. You have received notice from your local fire department that the winds have shifted, and based on weather forecasts, the fire will reach your facility in two days. You are already experiencing a surge in patients complaining of respiratory issues, and your facility is starting to experience smoke entering the facility and ash falling from the sky.

The scenario and facilitated discussion of the questions below should help you determine if you need to maintain operations and shelter in place or if need to plan for a phased evacuation.

Discussion Questions

Ini	Initial Thoughts		
	How would you receive this information from your local fire department? Who would they contact at your facility?		
2.	What are the top 3 concerns of your facility/department?	 2. 3. 	
3.	What triggers or incident information would make you stay and shelter in place?		
4.	What triggers or incident information would make you evacuate?		
5.	Who makes the decision to evacuate or shelter in place?		
6.	How will you communicate your decision to shelter or evacuate to affected / all departments? How will you conduct ongoing communication about the incident?		

Initial Thoughts		
7.	What community response	
	partners do you need to notify	
	and keep informed of your	
	operational status?	

If y	If you were to shelter in place		
	How many people are there in		
	your facility? Personnel,		
	patients/residents, and visitors?		
2.	Would you be able to maintain		
	all of your operations? How		
	would you choose which		
_	services to discontinue?		
3.	What if personnel want to leave,		
	how would you address staffing issues related to this?		
	issues related to this:		
4.	7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
	place? How much food and		
	water to do you have on hand?		
	What other resources will you		
	need?		
5.	Are there parts of your facility		
	that would provide a 'safer' environment to shelter in?		
	environment to sheller in:		
6.	Are there any protective		
	measures you could take to		
	support sheltering in place?		
7.	How will you determine if you		
	need to turn off your HVAC		
	system? Can you just turn off		
	HVAC in the affected area?		
8.	What role would community		
	response partners take in your		
	response?		

If y	ou were to evacuate		
1.	In what order do you evacuate		
	departments? Move the most		
	critical patients first? Do you		
	use an evacuate triage system?		
2.	Will you call in extra personnel		
	to assist with the evacuation?		
3.	Do you have sister facilities or		
	pre-identified healthcare		
	facilities that can take your		
	patients /residents?		
4.	Do you have pre-identified		
	transportation providers that		
	can transfer patients?		
5.	What activities are needed to		
	care for patients/residents once		
	they have been evacuated?		
	What resources will you need?		
6.	How will you secure facility?		
	What are your priority areas?		
7.	What role would community		
	response partners take in your		
	response?		
8.			
	Next Steps		
	hat are your top 3 areas of plannin	g needs?	
1.			
_			
2.			

Next Steps
What are your top 3 areas of planning needs?
3.
What are your top 3 areas of resource needs?
1.
2.
3.

After Action Report Form		
Exercise Name: Wildfire / SIP / Evacuation Tabletop Exercise Date:		
Number of Participants: Departments/Facilities/Agencies Represented:		

Exercise Overview

A major wildfire has been burning in your area for the last three days, and several residential areas have evacuated. You have received notice from your local fire department that the winds have shifted, and based on weather forecasts, the fire will reach your facility in two days. You are already experiencing a surge in patients complaining of respiratory issues, and your facility is starting to experience smoke entering the facility and ash falling from the sky.

Exercise Objectives

• Overarching objective: Identify facility-wide and department-specific action steps

Communications

- o To identify how to communicate between the Command Center and affected areas
- o To identify the roles and responsibilities of pre-identified community partners

Resources and Assets

 To develop a process to prioritize, manage, and allocate resources, especially scarce resources

Safety and Security

- o To identify ways to ensure the safety of personnel in performing evacuations
- o To identify priority areas for securing the facility

• Personnel Responsibilities

- To identify how personnel will coordinate roles and responsibilities with pre-identified community partners
- To collaborate in developing plans that are vertically and horizontally integrated with appropriate departments, agencies, and jurisdictions in order to better define roles and responsibilities

Patient Clinical and Support Activities

 To develop a process to establish an emergency triage and minor care treatment area in austere conditions at the evacuation assembly points

After Action Report Form			
Exercise Name: Wildfire / SIP / Evacuation Tabletop	Exercis	se Date:	
Top Three Things That Went Well	Top Three Things That Went Well		
1.			
2.			
3.			
Top Three Areas for Improvement			
1.			
2.			
3.			
Corrective Action Plan / Improvement Plan			
Corrective Action / Improvement	Responsible P	arty	Date Due
Other issues, concerns, challenges, recommendations:			

Module 2: Major Earthquake / Complete Evacuation

Scenario

A major earthquake has just occurred causing damage to your facility. After a facility assessment, it has been determined that a complete evacuation of the facility must take place. We have lost power, and the generators have only partially kicked in. Elevators are not operational, but stairwells have been assessed and are safe to use.

The earthquake has caused major damage to your entire local community, including damage to roads in the area.

Discussion Questions

Ini	Initial Thoughts		
	What are the top 3 concerns of	1.	
1.	your facility/department?	1.	
	your raciiity/department:	2.	
		۷.	
		3.	
		3.	
2.	Do you have a written		
	evacuation plan? Have		
	personnel been trained to it?		
3.	Do each of your departments		
	have an evacuation plan?		
4.	How quickly could all of your		
	patients/residents be moved out		
	of the building in an emergency?		
5.	How will you communicate your		
	decision to evacuate to all		
	departments? How will you		
	conduct ongoing communication		
	about the incident?		
6.	What community response		
	partners do you need to notify		
	and keep informed of your		
	operational status? What role		
	will they take in your response?		

W	Who are you evacuating?		
1.	What is your typical census of		
	adult and pediatric		
	patients/residents?		
2.	What is your typical census of		
	patients/residents with special		
	evacuation needs (e.g., mobility,		
	psychiatric, bariatric)?		
3.	How many patients are in the		
	ICU (including adult, pediatric,		
	and neonatal intensive care		
	units) and other units (e.g., burn		
	units) with special evacuation		
	needs (e.g., patient must be		
	accompanied by two health care		
	professionals)?		
4.			
	personnel? How many of them		
	have access or functional needs		
	that will require additional		
-	assistance to evacuate?		
5.	, ,		
	typically have? Do your		
	patients/ residents have family or friends with them? What		
	about vendors, contractors, etc?		
Н	ow will you evacuate		
	Patients in surgery or mid-		
	procedure? What types of extra		
	or specialized resources will they		
	need?		
2.	Will you allow mothers or		
	fathers to carry their infant or		
	toddler down the stairs?		
3.	Will you establish an evacuation		
	priority list?		
1			

Но	How are you evacuating		
1.	Do you have pre-identified		
	evacuation routes for each		
	department? Do personnel		
	know which stairwells to use?		
2.	Do you have specialized		
	evacuation devices? Are they on		
	all of your floors? Have all		
	personnel trained on using		
	them? How do you prioritize		
	which departments use these		
	devices?		
3.	Do your personnel know how to		
	safely use alternate methods of		
	moving patients? What		
	resources do you need?		
	here are you evacuating?		
1.	Do you have pre-identified		
	assembly points for personnel /		
	departments to gather?		
_			
2.	Are there any supplies or		
	resources dedicated for these		
	assembly points?		
2	What type of nationt care		
3.	What type of patient care activities need to take place in		
	the assembly points?		
4.	Do you have a pre-identified		
	alternation location for the		
	Command Center? Do you have		
	an alternate location that is		
	outside the facility? What about		
	the Labor Pool? Media area?		
5.	How will you communicate		

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between the Command Center

and the assembly points?

Pa	Patient / Resident Transfer to Alternate Facilities		
1.	Does the facility have an		
	exclusive contract with		
	transportation providers to		
	supply vehicles, or is it		
	dependent on public/private		
	vehicles serving others? If you		
	do not, how would you obtain		
	transportation resources?		
2.	How many different access		
	roads reach the facility, and how		
	many loading zones where there		
	are ramp exits for moving		
	patients/ residents?		
3.	How close is the nearest facility		
	that could provide appropriate		
	care for your patients /		
	residents?		

Other Considerations				
1.	Do you expect a patient surge			
	from the community? Do you			
	have a process and resources to			
	establish a triage and minor care			
	treatment areas?			
2.	How will you secure the facility?			
	What are your priority areas?			
	Will you need to designate a			
	Stay Team?			
3.	How would your response and			
	implementation be different if			
	the earthquake happened on a			
	weekend?			
_				
4.	How would inclement weather			
	affect your response or			
	implementation?			
5.	What resources do you have or			
	need to provide immediate and			
	long term stress management			
	and/or mental health services			
	for your personnel?			
	ioi your personner.			

Ot	her Considerations	
6.	What documentation needs to	
	accompany the patient/resident	
	to ensure continuity of care?	
7.	What documentation needs to	
	be initiated for the incident and	
	future cost reimbursement	
	submission?	
Ne	xt Steps	
W	nat are your top 3 areas of planning	g needs?
1.		
2.		
3.		
Wł	nat are your top 3 areas of resource	e needs?
1.		
2.		
3.		

After Action Report Form					
Exercise Name: Earthquake / Evacuation Tabletop	Exercise Date:				
Number of Participants: Departments/Facilities/Agencies Represented:					

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1.							
2.							
3.							
Top Three Areas for Improvement							
1.							
2.							
3.							
Corrective Action Plan / Improvement Plan							
Corrective Action / Improvement	Respo	nsible Party	Date Due				
Other issues, concerns, challenges, recommendation	ns:						