Emergency Preparedness Workshop
for Health Care Providers

August 30, 2017

MARC-HCC
MID-AMERICA REGIONAL COUNCIL HEALTH CARE COALITION
Collaborating to Advance Health Care System Resilience
Welcome

Hannes Zacharias
County Manager, Johnson County, Kansas
Co-Chair, Regional Homeland Security Coordinating Committee (RHSCC)
Workshop Objectives

1. Discuss Collaboration Strategies
   Discuss collaboration strategies with community partners.

2. Understand New CMS Rules
   Build an understanding of CMS emergency preparedness rules for health care organizations and resources that can help you increase your organization’s emergency preparedness.

3. Build Relationships
   Build relationships with potential community partners, identifying existing provider-specific forums and discussing new forums to further collaborate on emergency preparedness efforts.
Threats and Hazards
Learn about the region's threats and hazards to help inform your planning and facility assessment.

Full-Scale Exercises
Explore strategies for provider inclusion in community full-scale exercises.

Tabletop Exercises
Gain an understanding of how to conduct a tabletop exercise within your facility/organization.
Safety Briefing

Jim Christian
St. Joseph’s Health Center
Emergency Services Vision

Vision

• A region cooperating to Prevent, Protect, Mitigate, Respond and Recover from a broad range of threats and hazards through coordinated planning, information and resource sharing, training and exercise, and critical equipment replacement.

**HCC MISSION:** To help patients receive the care they need during emergencies; decrease deaths, injuries and illnesses resulting from emergencies; and promote health care delivery system resilience.

Guiding Principles

• A multi-disciplinary, collaborative approach; building regional capacity through all-hazards investments; leveraging and coordinating funds; minimizing duplication and maximizing resource sharing.

Regional Approach

• Inclusive and consensus driven, with bi-state leadership; respecting different disciplines’ perspectives and priorities.
Area Served and Organization
WHOLE-OF-THE-COMMUNITY ENGAGEMENT
COMMITTEE ORGANIZATION CHART

PSC BOARD
PUBLIC SAFETY COMMUNICATIONS
REGIONAL 9-1-1 SYSTEM

HOAFC
HEART OF AMERICA FIRE CHIEFS

MID-AMERICA LEPC
LOCAL EMERGENCY PLANNING COMMITTEE
INDUSTRY & PRIVATE SECTOR PARTNERS

KC METRO GIS
GEOGRAPHIC INFORMATION SYSTEMS

KC AMSC
KANSAS CITY AREA MARITIME SECURITY COMMITTEE

APWA
AMERICAN PUBLIC WORKS ASSOCIATION - KC METRO CHAPTER

CHIEFS & SHERIFFS
METRO POLICE CHIEFS AND SHERIFFS ASSOCIATION

RAPIO
REGIONAL ASSOCIATION OF PUBLIC INFORMATION OFFICERS

MOHAKCA
METROPOLITAN OFFICIAL HEALTH AGENCIES OF THE KANSAS CITY AREA

RHSCC
REGIONAL HOMELAND SECURITY COORDINATING COMMITTEE

FUNCTIONAL & ACCESS NEEDS
PUBLIC HEALTH

REGIONAL INTEROPERABILITY
PUBLIC SAFETY

TRAINING AND EXERCISES
EMERGENCY PUBLIC INFORMATION

PMS
PUBLIC SAFETY COORDINATION

WEB EDU
HAZARD MITIGATION

EMERGENCY MEDICAL RESCUE

RDS
REGIONAL DRILL SITE

BAGS & ACCOUNTABILITY

MEMC
METROPOLITAN EMERGENCY MANAGERS COMMITTEE

*Leadership from the committees in blue form the basis for the Regional Healthcare Coalition
Materials and Resources

Erin Lynch
Mid-America Regional Council
Background

CMS Emergency Preparedness Rule

Steven Hoeger, NRP, CHEP
The University of Kansas Health System
Metro Kansas Health Care Coalition Coordinator
Why Health Care Needs to Prepare

2001 World Trade Center

NEW YORK'S DAY OF TERROR

Trade Center bomb kills at least 5, wounds hundreds; link to Bosnia aidift feared

2001 Anthrax Letters

Biological (BIO) Threat Grant
Why Health Care Needs to Prepare

2005 Hurricane Katrina

2012 Superstorm Sandy

2011 Joplin Tornado

All-Hazards
Why Health Care Needs to Prepare

Nursing Home Evacuations

Dialysis Centers

Hazardous Materials Incidents

Active Assailants
Why Health Care Needs to Prepare

Infectious Diseases

1917 Pandemic

SARS

Ebola

...and who knows what else???
Background

December 2013:
CMS CoP Emergency Preparedness publishes in the Federal Register
September 2016:
CMS CoP Final Rule approved
Background

November 2016: CMS EP CoP goes into effect
November 2017: CMS EP CoP becomes enforceable
Background

CMS Emergency Preparedness Major Elements

Four Provisions for All Provider Types

- Risk Assessment and Planning
- Policies and Procedures
- Communication Plan
- Training and Testing
Develop an emergency plan based on a risk assessment.

Perform the risk assessment using an “all-hazards” approach, focusing on capacities and capabilities.

Update the emergency plan at least annually.
An **All-Hazards Approach** is an integrated approach to emergency preparedness planning that focuses on capacities and capabilities that are critical to preparedness for a full spectrum of emergencies or disasters, including internal emergencies and a man-made emergency (or both) or natural disaster.
This approach is specific to the location of the provider or supplier and considers the particular type of hazards most likely to occur in their areas. These may include, but are not limited to:

- Care-related emergencies.
- Equipment and power failures.
- Interruptions in communications, including cyber-attacks.
- Loss of a portion or all of a facility.
- Interruptions in the normal supply of essentials such as water and food.
Develop and implement policies and procedures based on the emergency plan and risk assessment.

Policies and procedures must address a range of issues including subsistence needs, evacuation plans, procedures for sheltering in place, tracking patients and staff during an emergency.

Review and update policies and procedures at least annually.
Develop a communication plan that complies with both Federal and State laws.

Coordinate patient care within the facility, across health care providers, and with state and local public health departments and emergency management systems.

Review and update plan annually.
Facilities are expected to meet all training and testing requirements by the implementation date (11-15-2017).

- Participate in a full-scale exercise that is community-based or — when a community-based exercise is not accessible — an individual, facility-based exercise.

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

- A second full-scale exercise that is individual, facility-based.
- A tabletop exercise that includes group discussion led by a facilitator, using a narrated, clinically relevant emergency scenario and a set of problem statements, directed messages or prepared questions designed to challenge an emergency plan.
Final rule requirements vary by provider type:

- **Outpatient providers** are not required to have policies and procedures for the provision of subsistence needs.

- **Home health agencies** and **hospices** are required to inform officials of patients in need of evacuation.

- **Long-term care** and **psychiatric** residential treatment facilities must share information from the emergency plan with residents and family members or representatives.
Temperature Controls and Emergency/Stand-by Power Systems:

• Under the Policies and Procedures, Standard (b) there are requirements for subsistence needs and temperature controls.

• Additional requirements for hospitals, critical access hospitals, and long-term care facilities are located within the Final Rule under Standard (e) for Emergency Power and Stand-by Systems.

The Interpretive Guidance was formatted into one new Appendix (Appendix Z) within the State Operations Manual (SOM) applicable to all 17 provider/supplier types.

Their current focus is completing the development of a self-paced/web-based course.
Compliance

• Facilities are expected to be in compliance with the requirements by 11-15-2017.

• In the event facilities are non-compliant, the same general enforcement procedures will occur as are currently in place for any other conditions or requirements cited for non-compliance.
“Preparedness isn’t about competition; it’s coopetition”
Stakeholder Collaboration

- Cooperation and collaboration with preparedness and response partners.

- Providers will need to:
  - Operationalize both primary and alternate means of communication with external sources of assistance.
  - Develop an emergency preparedness communication plan that complies with Federal, State and local laws.
  - Participate in a full-scale exercise that is community-based.
Opportunities

- Health Care Preparedness Coalitions
- Increased Health Care Executive Buy-In
- Crosswalk with other requirements, regulations and accreditations
Outcomes

- All provider types will be positioned to establish a baseline level of preparedness.
- The “whole” of community health care will eventually be fully integrated into the local emergency response system.
- More accurate and inclusive risk assessment data across the health care system.
- Improvements in continuity of care options across the health care system.
- More inclusive training and exercise outcomes.
Background

Demystifying what’s behind the curtain

1. RISKS & ASSESSMENT
2. PLAN & POLICIES
3. COMMUNICATIONS
4. TRAINING & TESTING
Overview of Regional Risks & Vulnerabilities

Matt May
Emergency Manager
Wyandotte County, Kansas
## Regional Risks & Vulnerabilities

### KANSAS

Statewide

#### High Probability
- Tornado
- Flood
- Winter Storm
- Major Disease Outbreak
- Windstorm

#### Moderate Probability
- Drought
- Hazardous Materials
- Wildfire
- Utility/Infrastructure Failure
- Lightning
- Civil Disorder
- Terrorism/Agri-Terrorism
- Agricultural Infestation
- Extreme Temperatures
- Hailstorm
- Radiological
- Expansive Soils

#### Low Probability
- Dam/Levee Failure
- Landslide
- Soil Erosion & Dust
- Earthquake
- Land Subsidence
Regional Risks & Vulnerabilities

**MISSOURI**

Cass, Clay, Jackson, Platte and Ray counties

<table>
<thead>
<tr>
<th>HIGH RISK</th>
<th>MEDIUM RISK</th>
<th>LOW RISK</th>
</tr>
</thead>
<tbody>
<tr>
<td>TORNADO*</td>
<td>LEVEE FAILURE**</td>
<td>EARTHQUAKE</td>
</tr>
<tr>
<td>SEVERE THUNDERSTORMS</td>
<td>DAM FAILURE</td>
<td>CIVIL DISORDER</td>
</tr>
<tr>
<td>SEVERE WINTER WEATHER</td>
<td>WILDLAND FIRE</td>
<td></td>
</tr>
<tr>
<td>FLOOD</td>
<td>TRANS-BOUNDARY ANIMAL DISEASE</td>
<td></td>
</tr>
<tr>
<td>DROUGHT</td>
<td>MASS TRANSPORTATION ACCIDENT</td>
<td></td>
</tr>
<tr>
<td>HEAT WAVE</td>
<td>TERRORISM</td>
<td></td>
</tr>
<tr>
<td>EMERGING INFECTIOUS DISEASE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HAZ-MAT INCIDENTS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MASS PUBLIC SHOOTER INCIDENT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CYBER DISRUPTION</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Medium Risk in Platte County  
** No Risk in Cass County
Conducting a Facility Hazard Vulnerability Analysis (HVA)

Derek Collins
Safety & Emergency Preparedness Coordinator
Saint Luke’s Health System
Conducting a Facility HVA

What we’ll cover:

- The HVA process and why we do it.
- The importance of a multidisciplinary approach.
- A common HVA example format that can be used.
Conducting a Facility HVA

The HVA: What is it? Why do we need it?

- Required formal process to evaluate annually organizational risks based on the probability and impact of internal & external incidents/hazards compared to an organization’s ability to mitigate these hazards.

- Annual HVAs provide the foundation to help drive the focus of emergency preparedness efforts, EOP development and training for an organization based on identified hazards and risk.
The HVA: Categories

HVAs can be broken down into categories of incidents for the organization to evaluate:

- Technological:
  - IT Failure, HVAC failure, Electrical Failure, Supply Shortage, etc.

- Man Made:
  - Active Shooter, Hazmat Incident, Building Fire, Planned Events, etc.

- Naturally Occurring:
  - Tornado, Snow Storm, Pandemic, Ice Storm, Earthquake, etc.
Conducting a Facility HVA

The HVA: Uses

- Like organizations/provider types will identify trends or risks identified they have in common. This provides opportunity to engage and share how each is mitigating common risks.

- Understanding what risks are most likely to impact an organization is critical to starting the conversation when engaging other community partners for planning, coordination and training purposes.
Step 1: Assemble a multidisciplinary HVA review team. (NO SILOS)

- Responsible party to coordinate the process
- Representatives from:
  - Administration/Senior Leadership
  - Facilities/Engineering/Infrastructure
  - Supply Chain
  - Front-line Staff
  - Legal
  - Financial
  - IT/Technology
Step 2: List out the different hazards by category
- Man Made, Technological, Naturally Occurring

Step 3: As a team, evaluate the impacts of each category through group discussion
- Business impacts
- Threat to life/serious injury
- Property impacts
Step 4: Evaluate current ability to mitigate the impacts of each hazard.

- Current facility-based resources available, community resources available, ability for front-line staff to respond, current training conducted or planned, etc.)

Step 5: Document activities annually through a formal HVA process.

- Include appropriate committee meeting minutes.
- Could include a mitigation plan outlining how the organization is going to address identified hazards.
Format and Examples

- There is no mandated format to document an HVA.
- There are best practices and commonly used formats that may be helpful. The important take away is that the HVA needs to be clearly documented.
- Organizations need to be able to demonstrate how the analysis was conducted, who was involved, how it was used to support your EOP and show how it influenced the training and testing aspects of your Emergency Preparedness Program.
- It should include consideration of the community’s identified hazards and risks.
Conducting a Facility HVA

Example: Kaiser Model (Blank)

<table>
<thead>
<tr>
<th>EVENT</th>
<th>PROBABILITY</th>
<th>HUMAN IMPACT</th>
<th>PROPERTY IMPACT</th>
<th>BUSINESS IMPACT</th>
<th>PREPAREDNESS</th>
<th>INTERNAL RESPONSE</th>
<th>EXTERNAL RESPONSE</th>
<th>RISK</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Likelihood it will occur</td>
<td>Probability of death or injury</td>
<td>Possibility of impact</td>
<td>Physical losses and damages</td>
<td>Interruption of services</td>
<td>Time</td>
<td>Preplanning</td>
<td>Effectiveness, resources</td>
</tr>
<tr>
<td>SCORE</td>
<td>0 = Nil</td>
<td>1 = Low</td>
<td>2 = Moderate</td>
<td>3 = High</td>
<td>0 = Nil</td>
<td>0 = Nil</td>
<td>1 = Low</td>
<td>2 = Moderate</td>
</tr>
<tr>
<td>Tornado</td>
<td>6%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drought</td>
<td>6%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Flood</td>
<td>6%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ice</td>
<td>6%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Earthquake</td>
<td>6%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Landslide</td>
<td>6%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dam Failure</td>
<td>6%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wild Fire</td>
<td>6%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Epidemic</td>
<td>6%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

AVERAGE SCORE

*Risk increases with percentage*  

0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 6%

RISK = PROBABILITY * SEVERITY

0.00 0.00 0.00
Conducting a Facility HVA

Example: Kaiser Model (Filled in)
Conducting a Facility HVA

Resources and References:

- https://asprtracie.hhs.gov/technical-resources/3/hazard-vulnerability-risk-assessment/1
- https://www.calhospitalprepare.org/hazard-vulnerability-analysis
- https://www.dhs.wisconsin.gov/file/28185
Plan and Policies

Meet Like Organizations

- Roundtable introductions
  - Name
  - Organization
  - Your role and responsibilities
Table Discussion #1: Groups and Organizations

What existing groups is your organization already involved in where emergency preparedness is — or could be — discussed regularly?
Table Discussion #2: Policies and Procedures

Choose ONE topic card. Discuss as a group:

- What policies/procedures are currently in place?
- What policies/procedures need to be developed?
- Identify and discuss best practices.
- Identify and discuss challenges.
Plan and Policies

Report Out:

1. Existing groups or organizations that address emergency preparedness or could add it.

2. Policy/procedure topic:
   - Best practices
   - Challenges
Break and Change Tables!
Meet Community Partners

- Roundtable introductions
  - Name
  - Organization
  - Your role and responsibilities
Communications

Outline a Communications Plan

- What are your primary and redundant communications methods?
- How will you communicate with staff, patients and family?
- How will you communicate externally, with emergency management, public health, suppliers and other agencies for resource sharing?
Resources

- Sample contact list (HICS 258)
- Enroll in Missouri and Kansas Health Alert Networks (HAN) and sign up for jurisdictional alerts.
Lunch/Networking
How to Set Up a Training Program

Carolyn Wells, MSN, RN, CEN, MEP
Trauma/Emergency Preparedness
Liberty Hospital
Types of Training

- Orientation
  - General overview of the training required
  - This may include on-line training

- Job-Based
  - Training specific to your job/role

- Skill-Based
  - Specialized skills needed to perform your job/role

- Team-Based
  - Training with a group for a specific task
General Training Principles

- Individual roles and responsibilities;
  - This needs to be specific for every job type

- Threats, hazards, and protective actions;
  - Look at your HVA
  - What protective measures are in place
    - Alarm Systems
    - Lockdown capabilities
General Training Principles

- Notification, warning, and communications procedures;
  - How do you communicate with your staff
    - Notification systems
    - Call lists
    - Radios

- Means for locating family members in an emergency;
  - Ready in 3
General Training Principles

- Emergency response procedures;
  - How to call for help (911)
  - First Aid Training

- Evacuation, shelter, and accountability procedures;
  - Where to go if evacuating
  - Shelter in place locations
  - Tracking patients and staff
General Training Principles

- Location and use of common emergency equipment
  - Evacuation sleds/chairs
  - Fire extinguishers
  - AED

- Emergency shutdown procedures
  - Oxygen shut off
  - Turning off equipment
You also may wish to train your employees in:

- First aid procedures
- Protection against blood-borne pathogens
- Respiratory protection, including use of an escape-only respirator
- Methods for preventing unauthorized access to your facility
Set Up A Calendar

- Prioritize your training needs
- Look at what is available on-line
  - https://training.fema.gov
- Don’t bite off too much at one time!
## Training Program Calendar

### 2017

<table>
<thead>
<tr>
<th></th>
<th>January</th>
<th>February</th>
<th>March</th>
<th>April</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 2 3 4 5 6 7</td>
<td>1 2 3 4 5 6 7</td>
<td>1 2 3 4 5 6 7</td>
<td>1 2 3 4 5 6 7</td>
<td>1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>8 9 10 11 12 13 14</td>
<td>5 6 7 8 9 10 11</td>
<td>5 6 7 8 9 10 11</td>
<td>5 6 7 8 9 10 11</td>
<td>2 3 4 5 6 7 8</td>
</tr>
<tr>
<td>15 16 17 18 19 20 21</td>
<td>12 13 14 15 16 17 18</td>
<td>12 13 14 15 16 17 18</td>
<td>12 13 14 15 16 17 18</td>
<td>9 10 11 12 13 14 15</td>
</tr>
<tr>
<td>29 30 31</td>
<td>26 27 28</td>
<td>26 27 28</td>
<td>26 27 28</td>
<td>23 24 25 26 27 28 29</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>August</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 2 3 4 5 6 7</td>
<td>1 2 3 4 5 6 7</td>
<td>1 2 3 4 5 6 7</td>
<td>1 2 3 4 5 6 7</td>
<td>1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>7 8 9 10 11 12 13</td>
<td>4 5 6 7 8 9 10</td>
<td>4 5 6 7 8 9 10</td>
<td>2 3 4 5 6 7 8</td>
<td>6 7 8 9 10 11 12</td>
</tr>
<tr>
<td>14 15 16 17 18 19 20</td>
<td>11 12 13 14 15 16 17</td>
<td>9 10 11 12 13 14 15</td>
<td>13 14 15 16 17 18 19</td>
<td>15 16 17 18 19 20 21</td>
</tr>
<tr>
<td>28 29 30 31</td>
<td>25 26 27 28</td>
<td>23 24 25 26</td>
<td>27 28 29 30</td>
<td>30 31</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>September</th>
<th>October</th>
<th>November</th>
<th>December</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 2</td>
<td>1 2 3 4 5 6 7</td>
<td>1 2 3 4 5 6 7</td>
<td>1 2 3 4 5 6 7</td>
<td>1 2</td>
</tr>
<tr>
<td>3 4 5 6 7 8 9</td>
<td>8 9 10 11 12 13 14</td>
<td>5 6 7 8 9 10 11</td>
<td>3 4 5 6 7 8 9</td>
<td>12 13 14 15 16 17 18</td>
</tr>
<tr>
<td>10 11 12 13 14 15 16</td>
<td>15 16 17 18 19 20 21</td>
<td>12 13 14 15 16 17 18</td>
<td>10 11 12 13 14 15 16</td>
<td>17 18 19 20 21 22 23</td>
</tr>
<tr>
<td>24 25 26 27 28 29 30</td>
<td>29 30 31</td>
<td>26 27 28 29 30</td>
<td>24 25 26 27 28 29 30</td>
<td>31</td>
</tr>
</tbody>
</table>

**Fire Extinguisher Training** March 16, June 15, September 21, December 6

**HazMat Class** April 19-20, October 18-19

**ICS Training** February 8, July 6, November 8
If it isn’t documented, it didn’t get done!

Find what works best for you:
- Spreadsheets
- Online programs
- Word Documents with tables
- ???
<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Position</th>
<th>IS-100</th>
<th>IS-200</th>
<th>ICS-300</th>
<th>ICS-400</th>
<th>IS-700</th>
<th>IS-800</th>
<th>HazMat</th>
<th>EOP Review</th>
<th>Fire Extinguisher</th>
</tr>
</thead>
</table>
Summary

- Figure out what you need to train
- Make a calendar
- Go forth and train!
Introduction to Exercises and Real Events

Steve Williams, CSHP, MEP
Senior Director, Corporate Support Services & Safety
Truman Medical Centers
Why?

We conduct drills and exercises to test the emergency plan.
Exercise Planning Workshop

Jennifer Fales, MEP
Kansas City, Missouri, Office of Emergency Management

Les Boatright, MEP
Central Jackson County Emergency Management Agency
Introduction
To Exercises
Session Purpose

Provide a basic introduction to commonly accepted processes and practices for designing, conducting, and documenting an exercise to meet organizational goals, comply with regulations, and better prepare critical service providers to withstand an emergency situation.
What is an Exercise?

Ask 20 people – get 30 answers (all of them are correct)

Different things to different agencies

A structured activity in a controlled environment to test plans, stuff, assumptions, etc. – not people!
How many of you?

• Have played in an exercise?

• Have served as exercise staff?

• Have worked on an exercise design team?

• Have documented an exercise?

• If given a choice between a root canal and an exercise would seriously consider the root canal?
Networking...
Identifying and getting to know the capabilities of response partners

Practice Run.....
A safe learning environment before a real disaster strikes

Training.....
For employees
For response partners
For clients

Mandatory....
Regulations
Agency requirements
Grants

An Opportunity.....
To test plans, policies and procedures
To tryout new equipment
To validate assumptions

Some Benefits of an Exercise
Different Types of Exercises

- Discussion Based
  - Seminar
  - Workshop
  - Games
  - Tabletop

- Operations Based
  - Functional
  - Full Scale
Annual Community Based Exercise

**Full Scale**
Operations Based
“Boots of the Ground”

**Large Footprint**
Multiple agencies / jurisdictions / disciplines

Multiple locations or a large incident path

**Focus**
Bigger picture

Each participant is one piece of the puzzle

Leverage existing community exercises
Annual Facility Based Exercise

Options
- Tabletop
- Functional
- Full Scale

Limited Footprint
- Single facility or campus
- Specific supplier or provider

Focus
- Limited scope / area
- HVA and EOP
- Limited if any outside partners
A Real Emergency May Count if.....

- **It is of sufficient magnitude**
  - Requires activation of relevant emergency plans

- **You are impacted**
  - Real world / real life scenario

- **You document appropriately**
  - In written format
  - AAR / Corrective Actions
  - Substitutes for annual exercise(s)
Basic Steps of an Exercise

**Prepare**
- Agency buy in
- Gathering planning team
- Identify plans, policies & procedures
- Reuse, reduce, recycle

**Design**
- Develop objectives
- Create scenario
- Produce deliverables
- Identify participants

**Conduct**
- Play!
- Expect the unexpected
- Evaluate

**Document**
- After Action Report (AAR)
- Corrective Action Plan
Basic Steps of an Exercise

Agency buy in
• Authorize funding
• Authorize personnel (force them if necessary)
• Highlights your efforts and importance to organization
• Gives you a bigger stick to swing

Gathering planning team
• Skills and knowledge – not excess of time
• Subject matter experts
• Represents participating agencies
• Trusted Agents (loose lips sink ships and ruin exercises)
Basic Steps of an Exercise

Identify plans, policies & procedures
- Emergency plan based on Hazard Vulnerability Assessment
- All Hazard approach
- Policies and procedures
- Communications plan
- Training and testing program

Reuse, reduce, recycle
- Don’t reinvent the wheel
- Beg, borrow and steal
- Trade exercises with like agencies, FEMA library,
- etc.
Develop objectives

- Who is doing it
- What are they doing
- Under what conditions
- To what standards
- Achievable within the exercise timeframe
Sample Objective – Facility Specific

L&J Healthcare Agency will demonstrate evacuation of patients and staff in the left wing of their facility in response to a kitchen fire in accordance with the L&J Healthcare EOP.

Who is doing it?
What are they doing?
Under what conditions?
To what standards?
Sample Objective – Community Based

L&J Healthcare Agency will demonstrate the ability of third shift staff to contact emergency services after a tornado has damaged primary communications (phone service?) in accordance with the L&J Healthcare EOP & Communications Plan.

Who is doing it?
What are they doing?
Under what conditions?
To what standards?
Basic Steps of an Exercise

Create scenario

• The objectives drive the exercise – not the scenario

• Somewhat realistic (exercise artificialities)

• Involves all the players

• Provides enough details without getting in the weeds or hopping down a bunny trail
TELLING THE STORY

It was a dark and stormy night.
Basic Steps of an Exercise

Produce deliverables
• A Presentation PPT? (discussion based)
• Possibly a written document (operations based)
• Participant feedback forms
• Evaluation criteria

Identify participants
• Design team (may get exercise staff assignment)
• Exercise staff
• Agency players
• Partner agencies (maybe)
• VIP / Observers
• Clients / patients / public
Basic Steps of an Exercise

Play!

• Double check equipment, hand outs, etc. the night before
• Set up and ready to go 30 minutes before
• All participants should sign in to document attendance
• Thank design team, executives, attendees, etc.
• Conduct the exercise
• Control the flow – push the exercise forward, pull back big personalities / titles that are dominating (all ideas are valid)
• Begin and end on time
• Have fun!
Basic Steps of an Exercise

Establish Exercise Rules

• This is a low stress, no fault, no blame learning environment.

• Base your responses on the current plans and capabilities of your organization.

• Decisions are not precedent setting, it’s ok to explore different ideas.

• Honor time constraints by staying on topic (parking lot).

• Please stay throughout the exercise unless it is an emergency.

• Don’t fight the scenario.

• Have Fun!

Conduct Continued
Basic Steps of an Exercise

Expect the unexpected

• Real world issues happen
• Routine interference
• Attitudes may need adjusted
• Equipment failure
• Scenario / objective creep
• No Shows / Showed but didn’t know you were coming
• Unpredictable weather
• Rogue players
• Facility issues (no water + no bathroom = no players)
• Miscommunications
• Tail wagging the dog
Basic Steps of an Exercise

Evaluate
- Who is going to do the evaluation?
- What does success or areas for improvement look like?
- Exercise evaluation guide (optional)
- Remember – evaluate plans, policies, procedures, equipment – not individuals
- Evaluate both the positive and opportunities for improvement and find a balance
After Action Report (AAR)

- Written document
- Includes:
  - What was supposed to happen
  - What occurred
  - What went well
  - Improvements
- Combined feedback
- Fact based / not emotional
- Concise
Basic Steps of an Exercise

Corrective Action Plan
- Written document
- Lists exercise objectives
- Identifies areas for improvements
- Develop strategies for corrective action
- Assigns responsibility to an agency & individual
- Determines timeline
- Presented to agency officials and management for buy in and approval
- Must be followed thru / updated periodically
- Used to develop the next exercise
Exercise Cycle

- Improvement Planning
- Strategy Planning
- Program Management
- Project Management
- Design and Development
- Conduct
- Evaluation
- HSEEP
Homeland Security Exercise and Evaluation Program (HSEEP)

• Is the gold standard in exercise development

• Provides guiding principles and a common approach to exercise program management, design and development, conduct, evaluation, and improvement planning

• One process – multiple outcomes

• Provides exercise templates and resources
  • https://www.preptoolkit.org/web/hseep-resources
Exercise pitfalls

- Exercise design needed more time & attention
- Failure to manage expectations
- Trying to do too much / not enough
- Wrong design team members
- Inviting wrong players
- Players don’t know role in emergencies / plans /etc.
- Players don’t stay in their lane
- Unrealistic Scenario
- Scenario too harsh (players could not recover in the time allotted)
- Communications / Tunnel Vision
Getting Exercise Assistance

• Your local emergency management agency (maybe not by November)
• Other similar businesses
• Online resources
• Consultants $$
Resources

• List of Local Emergency Managers
  • http://preparemetrokc.org/Get_Help/emergencymanagers.asp

• HSEEP Toolkit
  • https://www.preptoolkit.org/web/hseep-resources

• Tabletop Exercise Templates / Samples
  • https://www.fema.gov/media-library/assets/documents/100098
    https://asprtracie.hhs.gov/technical-resources/7/Exercise-Program-Design-Evaluation-Facilitation/7
Q & A

• Any questions, comments, or concerns?
Then without further ado.....
Loud applause for your presenters!
Break and Change Tables!
Exercise Requirements

Steve Williams, CSHP, MEP
Senior Director, Corporate Support Services & Safety
Truman Medical Centers
Exercise Requirements

- Participation in a full-scale exercise that is community-based or when a community-based exercise is not accessible, an individual, facility-based exercise.

- Conduct an additional exercise that may include, but is not limited to the following:
  - A second full-scale exercise that is individual, facility-based.
  - A tabletop exercise that includes a group discussion led by a facilitator, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.
Facility-Based:
• Specific to the facility, including (but not limited to) hazards based on the geographic location; patient/resident/client population; facility type; and surrounding community assets (i.e., rural area vs. a large metropolitan area).

Full-Scale Exercise:
• A full-scale exercise is a multi-agency, multijurisdictional, multi-discipline exercise involving functional (for example, joint field office, emergency operation centers, etc.) and “boots on the ground” response (for example, firefighters decontaminating mock victims).
Definitions

Tabletop Exercise (TTX):

- A table-top exercise is a group discussion led by a facilitator, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. It involves key personnel discussing simulated scenarios, including computer-simulated exercises, in an informal setting. TTXs can be used to assess plans, policies and procedures.
Requirements by Provider Type

1. Hospitals
2. Religious Nonmedical Care Institutions (RNHCIs)
3. Ambulatory Surgical Centers (ASCs)
4. Hospices
5. Psychiatric Residential Treatment Facilities (PRTFs)
6. All-Inclusive Care for the Elderly (PACE)
7. Transplant Centers
8. Long-Term Care (LTC) Facilities
9. Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)
10. Home Health Agencies (HHAs)
11. Comprehensive Outpatient Rehabilitation Facilities (CORFs)
12. Critical Access Hospitals (CAHs)
14. Community Mental Health Centers (CMHCs)
15. Organ Procurement Organizations (OPOs)
16. Rural Health Clinic (RHCs) and Federally Qualified Health Centers (FQHCs)
17. End Stage Renal Disease (ESRD) Facilities
Table Discussion #1: Community-Based Exercises

- What do you want to test in your plan with the community based exercise?
- What do you need from the community in order to test it?
- Who needs to be involved or participate in your exercise?
Table Discussion #2: Addressing Exercise Requirements

As a group, brainstorm ways exercise requirements may be addressed, having discussed in topic 1 what the organizations need from the community:

- **Immediate (by Nov deadline)**
  - Organizations can document actual incidents if they have had an incident that activated their plan and completed an after action report
  - Identify if there are ways that the MARC Health Care Coalition or local agencies may be able to support facilities in addressing their exercise needs.

- **Longer-term (moving forward on an annual basis)**
  - Identify ways that the organizations could work together to support one another and how MARC Health Care Coalition and local agencies may be able to support facilities in addressing their exercise needs.
Table Discussion #3: Collaboration

- As a group brainstorm other collaboration opportunities between providers, with the Healthcare Coalition, local public health and emergency managers. Are there regional processes or support that we could put in place for helping to address ongoing preparedness work.
1. Community based exercises:
   • What do you want to test?
   • What do you need from the community?
   • Who needs to be involved?

2. Ways to address exercise requirements

3. Other collaboration opportunities
Wrap Up

▪ Next Steps

▪ Resources
  www.marc.org/marc-hcc

▪ Follow Up Survey
Thank You!

Charity J. Hunter
Senior Planner, Mid America Regional Council
chunter@marc.org

Erin E. S. Lynch
Emergency Services Director, Mid America Regional Council
elynch@marc.org