STATEWIDE EARTHQUAKE EXERCISE - ENVELOPE DRILL FOLLOW UP

Scenario:
A powerful earthquake just hit Southern California lasting nearly one minute. In your area, you experienced significant shaking and unsecured objects have fallen onto desks, tables, and the floor.

Power is out (except for areas on emergency generator power). Water is running, but pressure is noticeably low and it appears cloudy. There are no apparent fires, hazardous materials spills or other dangerous hazards in your area beyond fallen debris.

Three staff members have sustained injuries from falling objects; however all are ambulatory and capable of continuing to work. No patients have been injured.

VOIP phones are able to dial internal extensions, but unable to dial external phone numbers. Several staff members have attempted to use their personal cell phones to make outside calls, but there is no signal. Computers plugged into red outlets, laptops and WOWs with battery power can access email, internet, and most clinical applications. Nurse call system is operational on emergency power.

Supply and equipment room floors are littered with items that have fallen from supply carts, including several pieces of equipment that have been damaged by falling to the floor. Some ceiling tiles have also broken loose and fallen to the floor.

Departmental Disaster Resources:
All departments should have a Disaster & Emergency Response Manual (DERM), which is a thick red binder containing your department-specific disaster plan and other important resources. All staff should know where the binder is located, have access to it, and be familiar with its contents. Please take a moment to locate and review your DERM binder.

If you do not have a DERM binder, please submit a request at http://ssc.mednet.ucla.edu

All departments should have either a small black toolbox-style disaster kit, or a large yellow rolling kit. 24-hour clinical departments should have the larger kits, while all other department should have small kits. These kits contain basic survival supplies and light search and rescue equipment.

If you do not have a Disaster Kit or you need items replaced, please submit a request at http://ssc.mednet.ucla.edu

Communications:
In the event that our normal Voice-Over-IP (VOIP) telephones fail, there are two redundant telephone systems in place inside our hospitals and selected buildings: the beige phones are analog essential line service telephones that may still function if IT systems are down; the red disaster phones are direct Verizon lines that bypass the University’s telecommunications system and are more likely to function if internal infrastructure is damaged.
Locate and fill-in the following phone numbers:

**Hospital Command Center Telephone Numbers**
- Ronald Reagan UCLA Medical Center - (310) 267-2430
- RR Nursing Department Operations Center (NDOC) - (310) 267-9670
- UCLA Medical Center, Santa Monica - (424) 259-6625

**Disaster Hotline Numbers**
- Health System Westwood Hotline - (310) 206-3232
- Health System Santa Monica Hotline - (424) 259-9999

**Earthquake Response Procedures:**
What should be your immediate self-protective actions if you recognize that an earthquake is occurring?
*Duck, Cover, and Hold On!* Do NOT stand in doorways or run outside. If you cannot get under a table or desk, stand next to an interior wall or inside corner of the building, drop and cover your neck and head with your arms. Use a doorway for shelter ONLY if it is in close proximity to you AND if you know it is a strongly supported, load bearing doorway.

What are your department’s top three (3) priorities in the **first 15 minutes** following an earthquake?
*Although specific priorities vary from department to department, the initial objectives following any disaster should be to first ensure your safety and the safety of those around you (patients, coworkers, visitors) by identifying and addressing any life threatening hazards; second, assess your workspace for damage or conditions that could prevent you from continuing your job duties; third, report any damage or needs to your supervisor and via Unit Disaster Assessment Report (UDAR) to the command center.*

**Evacuation/Shelter-in-place Procedures:**
Following an earthquake it is important **not** to immediately race outside of the building you are in, rather, you should remain calm, ensure your safety and the safety of those around you, assess the environment for hazards, and perform an orderly evacuation if warranted. In patient care areas it is often safer to remain where you are, or relocate patients short distances to areas of relative safety, than exit the building entirely. Please review the evacuation sections of your DERM and identify who must authorize, or issue an evacuation order for the following types of evacuation:

- **Horizontal:** Area Supervisor or Nursing Supervisor
- **Vertical:** Incident Commander
- **Complete:** Incident Commander

**Safety Assessment:**
Community power is out and is not expected to be restored for several days. Only areas with emergency power and lighting on generators will have electricity. Does your area have emergency power?
Is all essential equipment plugged into emergency power?
Emergency lighting is generally very limited. How would you continue your critical functions in low light conditions? *In our hospitals, as a general rule for non-patient rooms one in four lights is on emergency power, and in addition a task light on all head walls in patient rooms is on emergency power. In all other buildings emergency power is usually limited to egress lighting illuminating the way to emergency exits. Consult your supervisor for additional battery backup or emergency power in your area. Anticipate the need to supplement emergency lighting with flashlights or request additional lighting resources through the command center as needed.*
Identify all doors in your area with electronic locks. In a power outage, do these locks fail open or closed? **Most electronic locks fail unlocked in the event of a power failure, with the exception of sensitive areas such as medication rooms (pharmacy), psychiatry, and cashiering.**

If an electronic lock was to fail closed (locked), what would you do? **Area supervisors should have keys to override these doors. If necessary, contact Security as a backup.**

All furniture over 4 feet tall requires seismic bracing to ensure that it does not topple during an earthquake. Please assess your department to ensure anything over 4 feet tall is appropriately braced and no unsafe stacking conditions are present. If you identify items requiring seismic bracing, please submit a Support Services Request [http://ssc.mednet.ucla.edu](http://ssc.mednet.ucla.edu) for Facilities to complete the work.

If you discovered a sparking and smoking electrical outlet during your department damage assessment, how would you report this hazard? **Call #36 and report a Code Red**

**Staffing Assessment:**
Locate your department’s emergency call list or phone tree, and ensure that contact information is current. Does your emergency contact information contain employee’s home residence location, or distance/direction from work? If the southbound 405 freeway from the San Fernando valley was rendered impassable by the earthquake, how many of your relief staff would be impacted? What are other options to sustain adequate staffing levels? **It is important to know how far away your staff live, and plan your emergency call-back accordingly. One way would be to divide your call tree into zones based on usual commute time (i.e. <30 min, 30-60 min, >60 min). This will allow you to assess your staffing plans early during a disaster and anticipate supplemental staffing needs. Staffing requests can be submitted to the command center. During a disaster there are many options available to support staffing needs, including flexing nursing ratios, emergency credentialing volunteers, using staff out of normal classification, or employing registry.**

How many staff would you be able to send to the labor pool now? **Any staff assigned to non-essential functions should be released from the department and sent to check in at the Labor Pool (Ronald Reagan Tamkin Auditorium (B130), or Santa Monica Central Wing Auditorium). On-duty nurses assigned to inpatient nursing units should stay on their units, pending instructions from Nursing Administration.**

How many of your staff on duty right now have a complete personal disaster kit at home? **We encourage all staff to create a personal preparedness plan and disaster kit for themselves and their families at home. For more information about personal preparedness visit:** [http://uclahealth.org/emergency](http://uclahealth.org/emergency)

**Downtime:**
Some IT applications are not operational, including Application X, which you depend on for normal department operations. What is your downtime process for this situation? What additional resources would you need in order to continue your critical functions? **All departments should have a downtime binder with specific procedures to follow if IT applications go down. Please ensure that you are familiar with the downtime processes and forms for the applications that your department relies on.**

Where is your nearest Downtime Computer and Printer? **In our hospitals there is at least one designated downtime computer and printer on each floor. These computers have a local password to access and print downtime forms in the event that Forms Portal is down. The password is released**

**Patient Surge:**
If your department/unit was forced to take 10 additional non-critical (med-surg) patients, where could you place them within your area? During a disaster we must prepare to take on a surge of patients, beyond what we are accustomed to day-to-day. In a large earthquake we may have a limited ability to discharge patients in addition to increased admissions, therefore we must be creative in identifying additional surge spaces. For example, it is possible for single patient rooms to be doubled (see image below), or non-traditional spaces such as conference rooms to be converted to patient rooms.