



Los Angeles County Emergency Medical Services Agency

Evacuation and Shelter in Place Guidance
for Healthcare Facilities

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
 - Resource needs

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- **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**
 - 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 pre-identified 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.

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- 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

Initial Thoughts	
1. 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?	1. 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?	

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

If you were to shelter in place...	
1. 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?	
4. How long could you shelter in place? How much food and water 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?	
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?	

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<i>If you were to evacuate...</i>	
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.	

<i>Next Steps</i>
What are your top 3 areas of planning needs?
1.
2.

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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:
<p>Number of Participants:</p> <p>Departments/Facilities/Agencies Represented:</p>	
<p>Exercise Overview</p> <p>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.</p>	
<p>Exercise Objectives</p> <ul style="list-style-type: none"> • Overarching objective: Identify facility-wide and department-specific action steps • Communications <ul style="list-style-type: none"> ○ To identify how to communicate between the Command Center and affected areas ○ To identify the roles and responsibilities of pre-identified community partners • Resources and Assets <ul style="list-style-type: none"> ○ To develop a process to prioritize, manage, and allocate resources, especially scarce resources • Safety and Security <ul style="list-style-type: none"> ○ To identify ways to ensure the safety of personnel in performing evacuations ○ To identify priority areas for securing the facility • Personnel Responsibilities <ul style="list-style-type: none"> ○ 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 <ul style="list-style-type: none"> ○ To develop a process to establish an emergency triage and minor care treatment area in austere conditions at the evacuation assembly points 	

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After Action Report Form		
Exercise Name: Wildfire / SIP / Evacuation Tabletop		Exercise Date:
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 Party	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

<i>Initial Thoughts</i>	
1. What are the top 3 concerns of your facility/department?	1. 2. 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?	

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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. What is your typical census of personnel? How many of them have access or functional needs that will require additional assistance to evacuate?	
5. How many visitors do you typically have? Do your patients/ residents have family or friends with them? What about vendors, contractors, etc?	

How will you evacuate...	
1. 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?	

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<i>How are you evacuating...</i>	
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?	

<i>Where are you evacuating?</i>	
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?	
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 between the Command Center and the assembly points?	

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Patient / Resident Transfer to Alternate Facilities	
1. Does the facility have an <i>exclusive</i> 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?	

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Other 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?	

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

After Action Report Form	
Exercise Name: Earthquake / Evacuation Tabletop	Exercise Date:
<p>Number of Participants:</p> <p>Departments/Facilities/Agencies Represented:</p>	
<p>Exercise Overview</p> <p>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 our entire local community, including damage to roads in the area.</p>	
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Corrective Action / Improvement	Responsible Party	Date Due
Other issues, concerns, challenges, recommendations:		