

Leading Cost-Effective Disaster Exercises at a Health Care Facility

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Emergency Management, Safety, Security, Environment of Care, Ethics and Compliance, Facilities

Exercise for the Zombie Apocalypse and Other Hazard Vulnerabilities at the Same Time!

Our Mission

Executive support for disaster exercises can sometimes be difficult due to competing priorities and lack of available financial resources.

In this presentation, participants will learn how to lead cost efficient disaster exercises and incident responses within thematic approaches within the following scenarios:

mass decontamination, active shooter, bomb threat and labor action scenarios, and will receive

ready-made templates for exercise development.

Steps

Step 1

- Create a scenario that fulfills the HVA and other organizational and regulatory requirements

Step 2

- Secure executive leadership support
- Select a target date and time
 - Pre-assign Command Center Roles

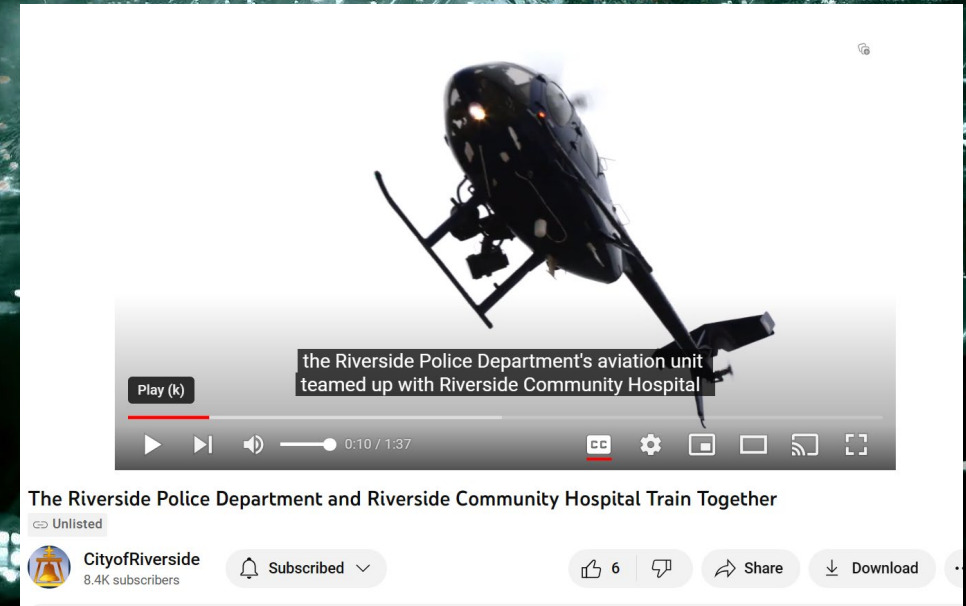
Step 3

- Secure community partnerships
- Adjust scenario and/or dates and times as needed
- Update executive leadership


IT'S THE SCENARIO

aka the MOVIE you want to see

THAT IGNITES THE ENGAGEMENT.



www.youtube.com/watch?v=IUCfBCdlbz0



The Scenario should be big enough to be a challenge but small enough to get “wins”

REALISTIC

Treat it like you are developing a theatrical production

BUT PUSHES THE POSSIBILITIES.

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Think about current challenges going on in your organization and try to add those challenges to the scenario as an opportunity for documented education

GENERAL HOSPITAL

DATE

Dear CEO,

The Emergency Management Team at General Hospital has been working to ensure that General Hospital is prepared in the event of a disaster, to care for our employees and community. We would like to invite you and the E-Team to support and assist us in championing this mission. We would like to specifically request your assistance at this time in regards to our Disaster Trailers contents, inventories and organization. The Emergency Management Team needs the support from the Executive Team to ensure that this component of our disaster preparedness moves forward in a timely manner. What we need are clinical staff members, particularly from the Emergency Department, that can be freed up to spend the necessary time and effort to review our supplies, and to make the necessary organizational decisions that will make the disaster cache to be in an ever-ready position should a disaster strike. Our committee meets next on DATE at TIME in the LOCATION, and we invite you to attend. NAME chairs the Emergency Management Team and he would be happy to meet with you to discuss this issue.

Thank you in advance for your attention to this matter.

Sincerely,

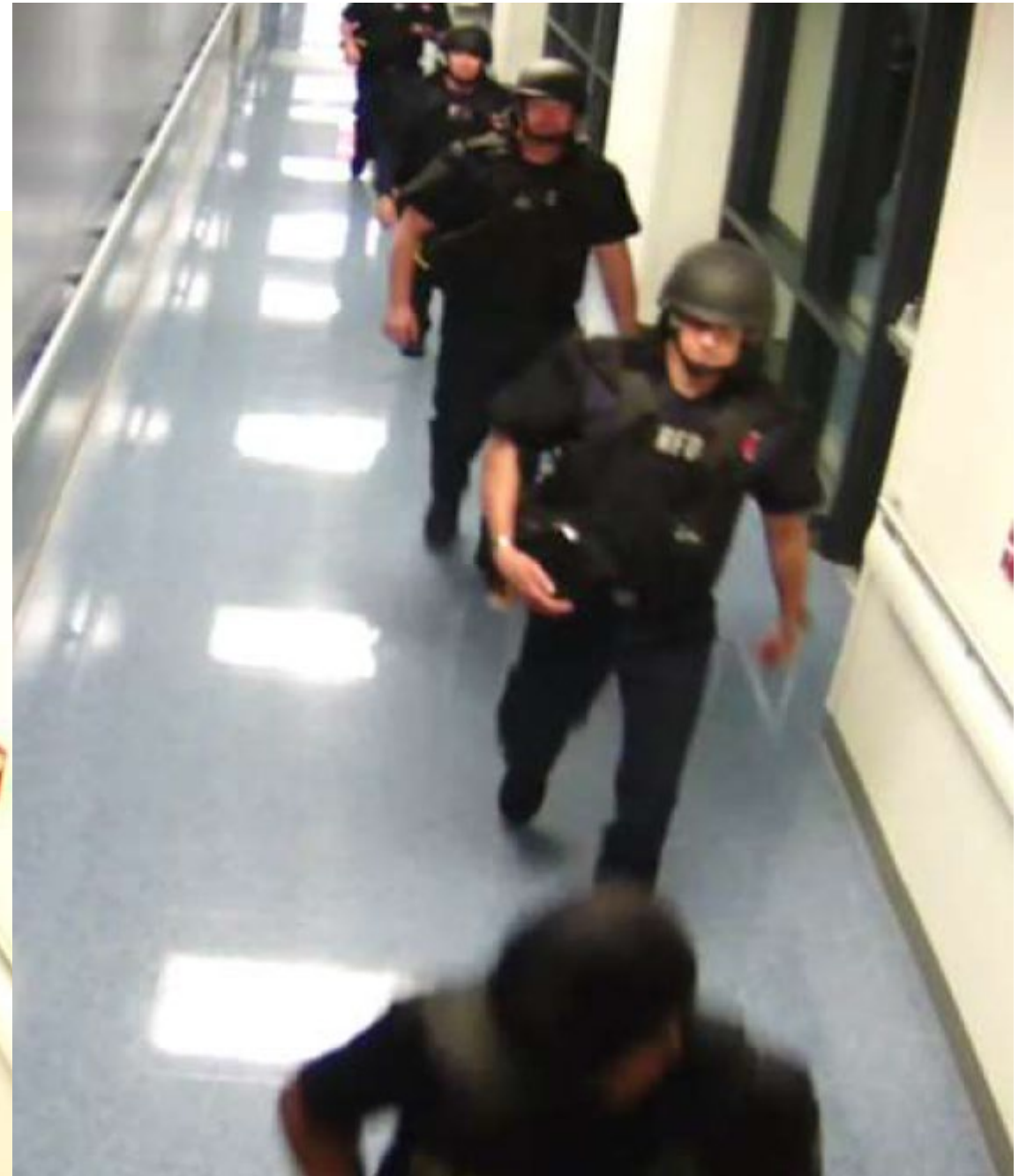
The Emergency Management Team of General Hospital



Infectious Disease



Police and Fire



Civil Unrest



Decon



Incidents Involving Construction Activities



Evacuation





**BOMB
THREAT**

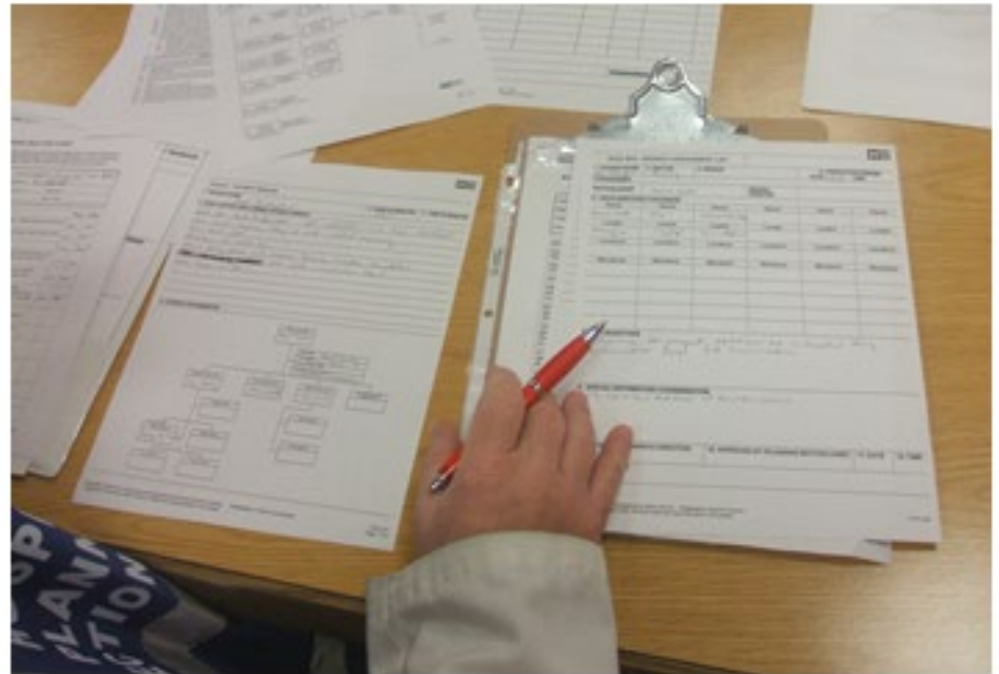
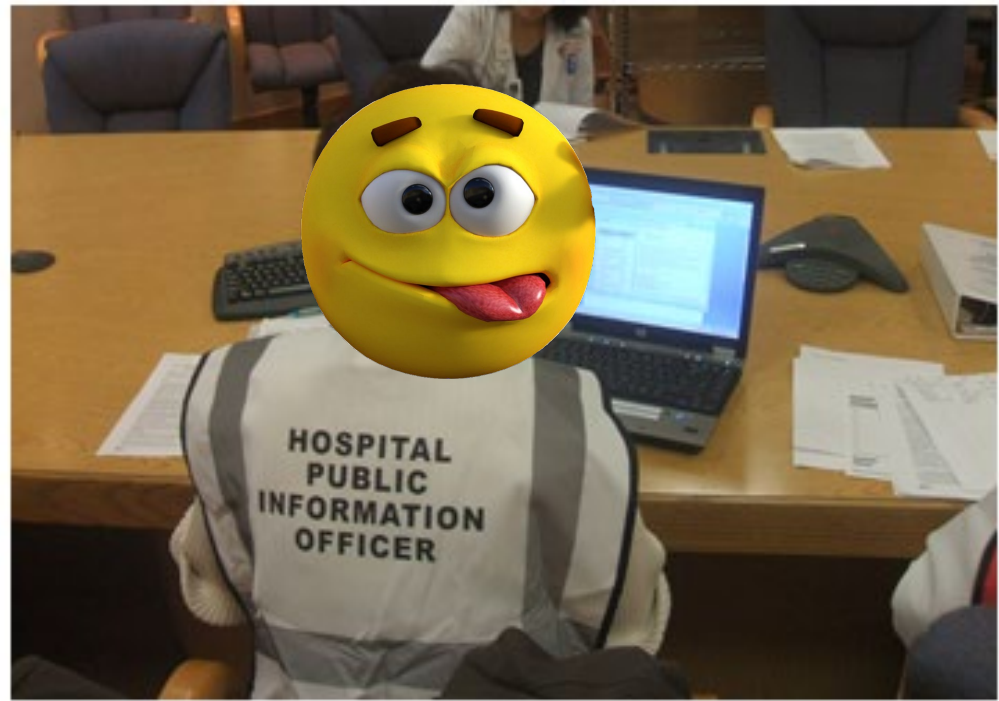


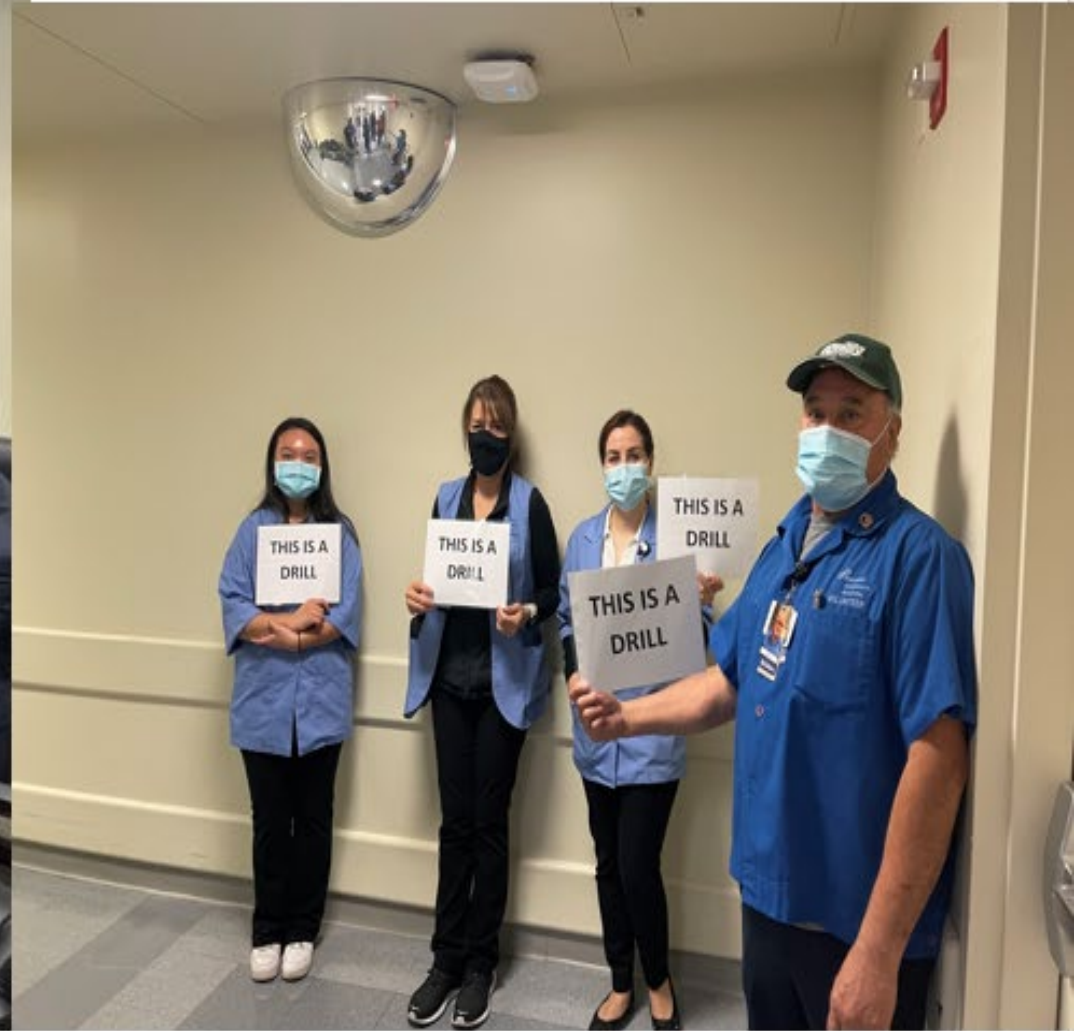
**Find A
Bomb
Get A
Prize**

EXERCISE TIME-LINE

Time	Activity	Location
EXERCISE – PHASE ONE – {DATE}		
0845	HOSPITAL: Hospital Incident Command Team assembles; briefing takes place <ul style="list-style-type: none"> • INCIDENT COMMANDER DETERMINES WHO THE INCIDENT COMMAND TEAM WILL BE • CHIEFS DETERMINE WHO THEIR REPORTS WILL BE • DISASTER BOXES ARE INVENTORIED 	Nursing Administration Conference Room
0915	HOSPITAL: Emergency Incident Commander calls PBX for a Code Triage – External <ul style="list-style-type: none"> • OPERATIONAL PERIOD IS ESTABLISHED BY THE INCIDENT COMMANDER • HICS FORMS 201-207 ARE COMPLETED BY INCIDENT COMMAND STAFF • SCENARIOS ARE REVIEWED • RECORDER USES HICS FORM 214 TO TAKE THE MINUTES 	NACR/ PBX
0918	HOSPITAL: Staff reports to Labor Pool <ul style="list-style-type: none"> • HICS FORM 251 BEGINS TO BE COMPLETED BY INCIDENT COMMAND • HICS FORMS 252 AND 253 ARE COMPLETED IN LABOR POOL AND INCIDENT COMMAND 	NACR/Pep B
0920	HOSPITAL: Victims begin to arrive at RMCSJ <ul style="list-style-type: none"> • HICS FORM 254 IS COMPLETED IN TRIAGE AREAS 	HOSPITAL Campus / ED
1000	HOSPITAL: Incident Command responds to messages that are brought via EMS and other communications <ul style="list-style-type: none"> • DOC 209 IS COMPLETED IF REQUESTED BY DEPT EMERGENCY OPERATIONS CENTER 	NACR
EXERCISE – PHASE TWO		
1000-1030	HOSPITAL: Lockdown is ordered; doors are secured; Emergency triage is activated	ED
1030	HOSPITAL: Triage area secured by Security; Equipment set up by Engineering as needed	Ambulance Bay Area
1030	HOSPITAL: Surge Plan is activated, mock isolation unit established in Pep B <ul style="list-style-type: none"> • HICS FORMS 255-261 ARE COMPLETED AS NEEDED 	NACR / Pep B
1040	HOSPITAL: Incident Command continues to monitor the situation and responds to communications sent from the Dept Emergency Operations Center	NACR







Master Scenario Events List

Background information

<i>Inject time Actual</i>	<i>Objective</i>	<i>Task No.*</i>	<i>From</i>	<i>To</i>	<i>Message</i>	<i>Expected Outcomes/Action</i>	<i>Observed Outcome/Comments</i>
0730		1	Hospital	Department			
0800		2					
0800		3					
0815		4					
0830		5					
0831		6					
0835		7					
0835		8					
0850		9					

Add injects to the MSEL without giving them away

**ADD AN
INFANT OR A
PEDIATRIC
ABDUCTION**

**ADD A FIRE TO
YOUR
SCENARIO**

**ADD A UTILITY
DISRUPTION**

**ADD A
DISRUPTION
INVOLVING AN
MOB**

**ADD A
MEDICAL
ISSUE TO ONE
OF THE
COMMAND
CENTER ROLES**

**ADD A CYBER
ATTACK**

Steps

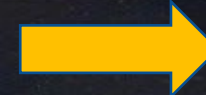
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There is not a particle of life (the exercise) which does not bear

Poetry within it.

Gustav Flaubert – French Novelist

Keep an open dialogue with area partners who are participating in the exercise to ensure engagement and the best value in the exercise.



Surely **UNEXPECTED** disruptions will happen during the

se planning will limit

disruptions



Keep outlines of "PLAN B"
parts of the exercise

ACTIVE SHOOTER

Law Enforcement can't make it due to a local emergency – simulate?

CDPH/TJC/CMS VISIT

Change the time and location of the exercise

PANDEMIC



Step 4

- Write a first draft MSEL
 - Begin to “market” your exercise to your organization and county
- Can media be involved in the exercise?

Market your exercise with a view of future exercises

Local media might want to video the event; this will build excitement for participation

Step 4

- Write a first draft MSEL
 - Begin to “market” your exercise to your organization and county
- Can media be involved in the exercise?

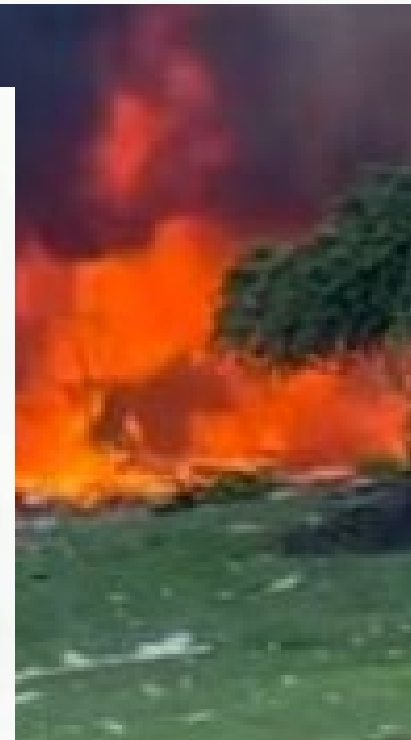
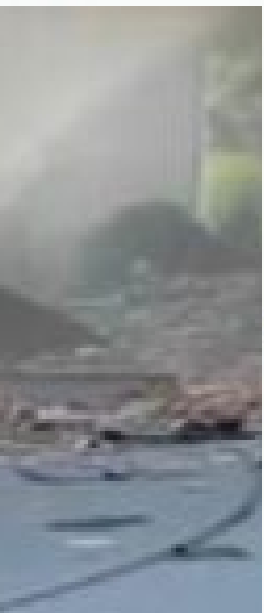
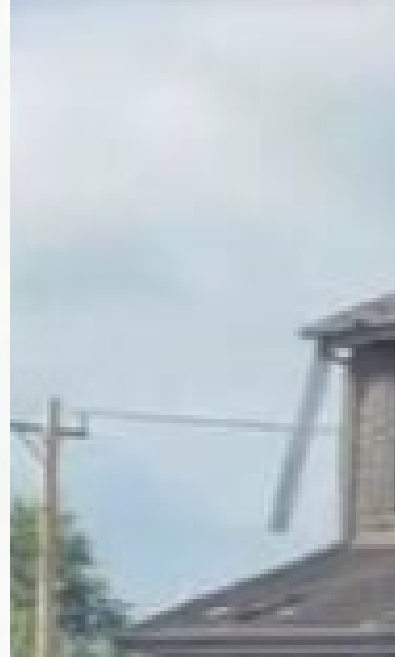
Step 5

- Secure the location where the exercise will take place
- Augment the scenario as necessary

Step 6

- Write a second draft MSEL
- Create exercise objectives

Recap





Step 7

- Use volunteer victims whenever possible
- Appoint a volunteer victim coordinator
- If you use students, have snacks available for them
- MOULAGE

Step 8

- Get someone to take pictures and video of the event
- Plan for the scenario of run by security cameras (Plan B)

Step 9

- Write the ExPlan
- Create exercise objectives
- Write Controller Evaluator Handbooks
 - Prepare participant evaluations
- If using job action sheets, prepare those in advance
- Sign In Sheets



REGULATORY BEASTS

EM.16.01.01.01 / ©

01. The hospital describes in writing a plan for when and how it will conduct annual testing of its emergency operations plan. The planned exercises are based on the following:
- Likely emergencies or disaster scenarios
 - Emergency operations plan and policies and procedures
 - After-action reports (AAR) and improvement plans
 - The six critical areas (communications, resources and assets, staffing, patient care activities, utilities, safety and security)
- Note 1: The planned exercises should attempt to stress the limits of its emergency response procedures in order to assess how prepared the hospital may be if a real event or disaster were to occur based on past experiences.
- Note 2: An AAR is a detailed critical summary or analysis of an emergency or disaster incident, including both planned and unplanned events. The report summarizes what took place during the event, analyzes the actions taken by participants, and provides areas needing improvement.

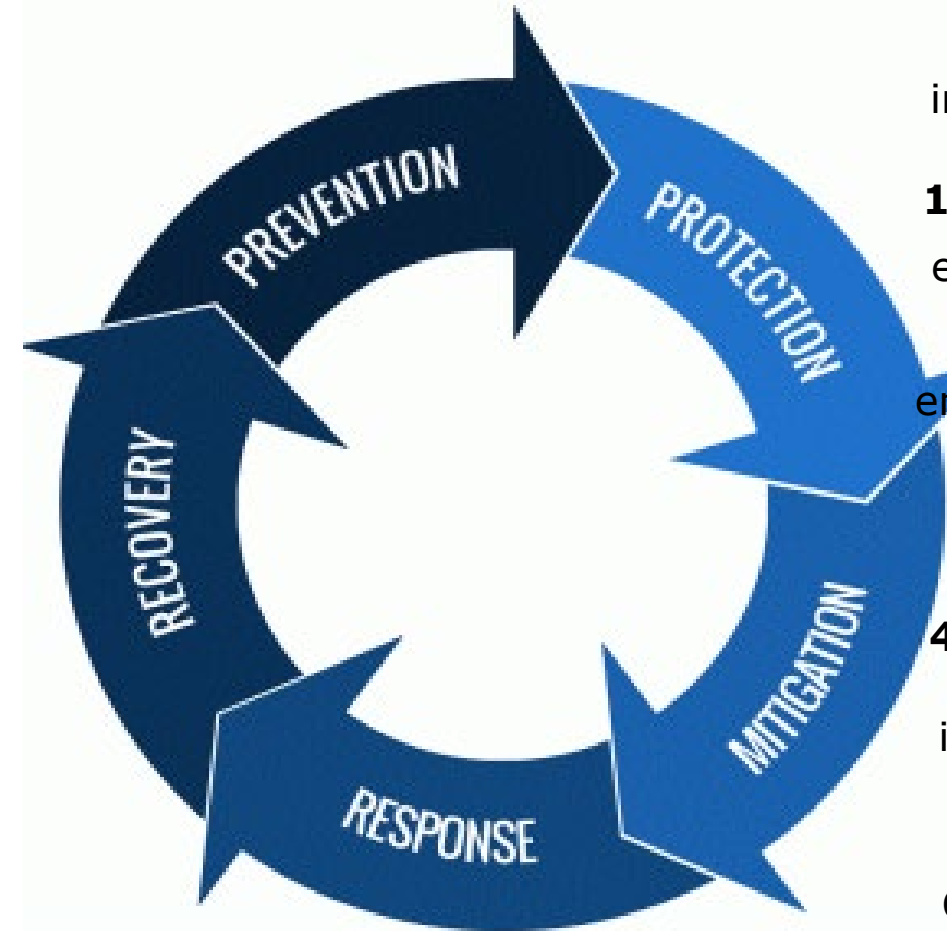


Homeland Security
Exercise and Evaluation
Program (HSEEP)

Exercise Objectives

The Exercise Planning Team developed selected objectives that focus on evaluating emergency response procedures, identifying areas for improvement, and achieving a collaborative attitude. The following objectives have been developed:

- 1. Communications:** Evaluate effectiveness of internal communications within the hospitals and that a continuous flow of critical information is exchanged among the hospitals, EMS Duty Chief, law enforcement and public health throughout the duration of the event.
- 2. On-Site Incident Management:** Demonstrate the ability of law enforcement and the hospital IMT to operate under Unified Command (UC) on-site in response to an event.
- 3. EOC Management:** Evaluate the ability of the hospitals to activate and implement aspects of the Hospital Incident Command System (HICS) during the exercise.
- 4. Emergency Public Safety and Security:** Evaluate the ability of the HICS Security Branch to:
Secure the perimeter at General Hospital to restrict building access, and interface with the Police Department secure the MCI Triage Area and provide crowd control and traffic control at both hospitals
- 5. Medical Surge:** Demonstrate the ability of the hospitals to coordinate, communicate, triage, and track patients as a result of a Mass Casualty Incident in the community. At least five (5) patients at each facility will be admitted to units.





Victim Information Card

Date: **Time:**

EMS Information:

Triage Category: Yellow
Triage Number: 111810-016

Patient Information:

Last Name: Mason
First Name: Jack
Gender: Male
Age: 35
Symptoms: Impaled object LLQ

Vital Signs: 116/70-92-16

Medical Center Information:

Medical Record Number:

Other: unable to walk

Victim Information Card

Date: **Time:**

EMS Information:

Triage Category: Green
Triage Number: 111810-017

Patient Information:

Last Name: Orson
First Name: Clark
Gender: Male
Age: 44
Symptoms: 1° burn Arms CSM intact

Vital Signs: Skin warm/dry 130/80-88-16

Medical Center Information:

Medical Record Number:

Other:

Victim Information Card

Date: **Time:**

EMS Information:

Triage Category: Red
Triage Number: 111810-020

Patient Information:

Last Name: Dole
First Name: Tyler
Gender: Male
Age: 11
Symptoms: Bruising right chest

Vital Signs: 90/p-114-12 AVPU=A

Medical Center Information:

Medical Record Number:

Other:

The image shows two versions of a 'Victim Information Card' (Wristband). The left version is a filled-out form for a patient named Tyler Dole, 11 years old, with a triage category of Red and triage number 111810-020. The patient's symptoms are 'Bruising right chest' and vital signs are '90/p-114-12 AVPU=A'. The medical record number is also present. The right version is a blank template of the same card, showing the layout of the form, including sections for patient information, triage status, and decontamination status. The card is labeled 'Wristband' and 'EMT' and includes a barcode and a 'DECONTAMINATED' status indicator.





GENERAL HOSPITAL is participating in a County-wide disaster drill, today, Monday, XXXX #, #####. All normal hospital operations and functions are currently operating. Please come in for any and all hospital business.

For the purposes of the today's disaster drill, this sign serves as an indication that this door, if there was truly a real disaster, would be locked down.

Thank you for your understanding.

Sincerely,
GENERAL HOSPITAL

We can only see a SHORT distance ahead,
but we can see

PLENTY

Alan Turing – British Computer Scientist

there that needs to be done.



Combing Scenarios

Readiness U

- *Evacuation Exercises + Abduction/Missing Person*
- *Decon Exercises + Active Shooter or Bomb Threat*
- *Earthquake Exercises + Chemical Spill*
- *Active Shooter Exercises + Chemical Spill*
- *Pandemic Exercises + Decon*
- *Cyber Attack Exercises + Utility Failure*

Step 10

- Prep Incident Commander and Section Chiefs for what they will face during the exercise
- Give them a draft of the MSEL
- Prep Section Chiefs regarding roles they should activate

• You want your Command Center leaders to be successful

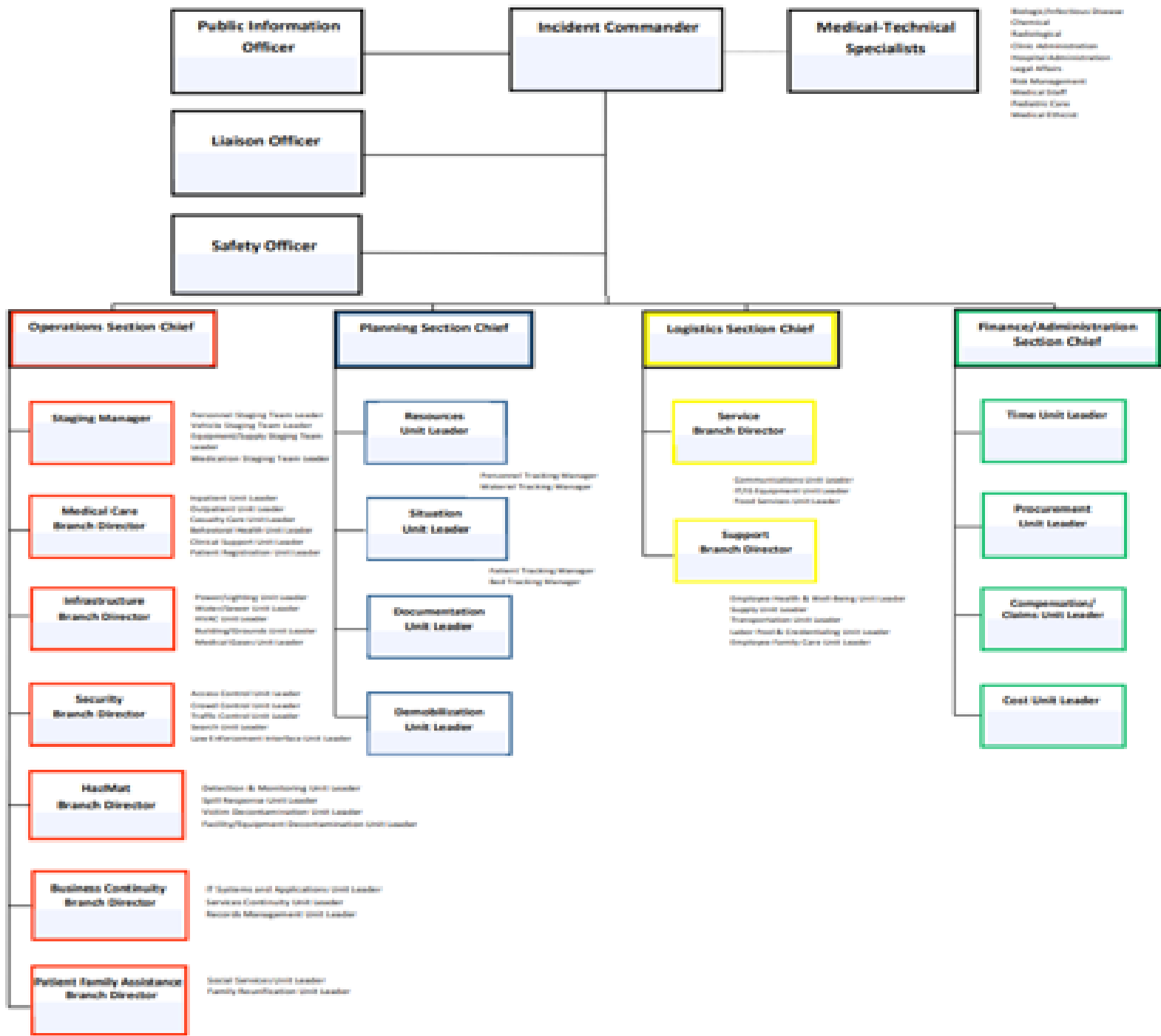
• Review Job Action Sheets With Them



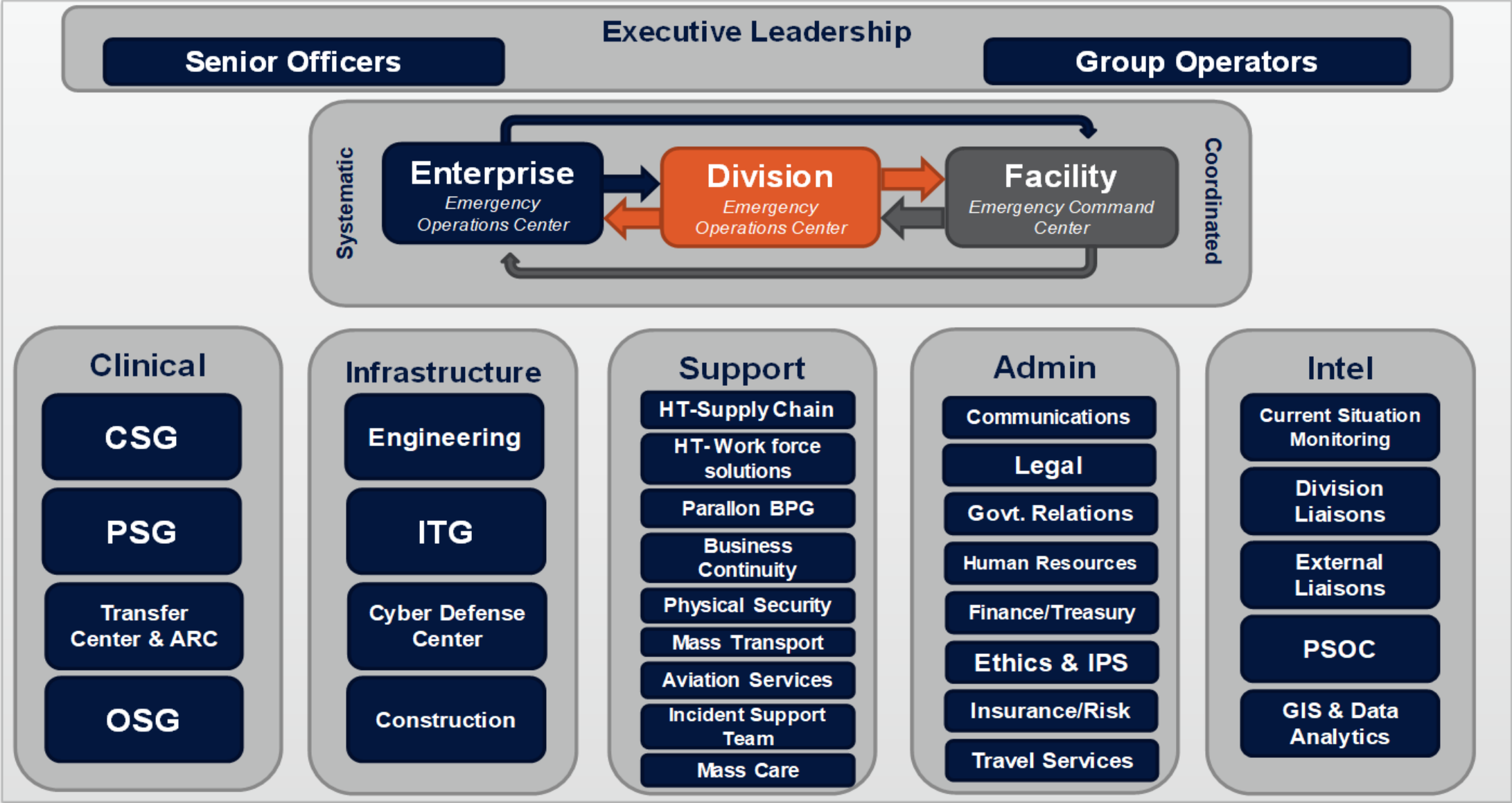
Step 11

- Decide what part of the exercise you will play – will you be in the Command Center or in Exercise Play
- Recruit someone with experience to be where you aren't
- Will you have Controllers, Evaluators and/or Observers






HCA Healthcare's Enterprise Incident Management Structure





Send Out Exercise Reminders To All Participants

Step 12

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- Finalize the Supply Checklist
 - Communicate with patients and staff about the exercise
 - Have plenty of signs and flyers to be displayed the day of the exercise
 - Call local law enforcement and local fire about the exercise

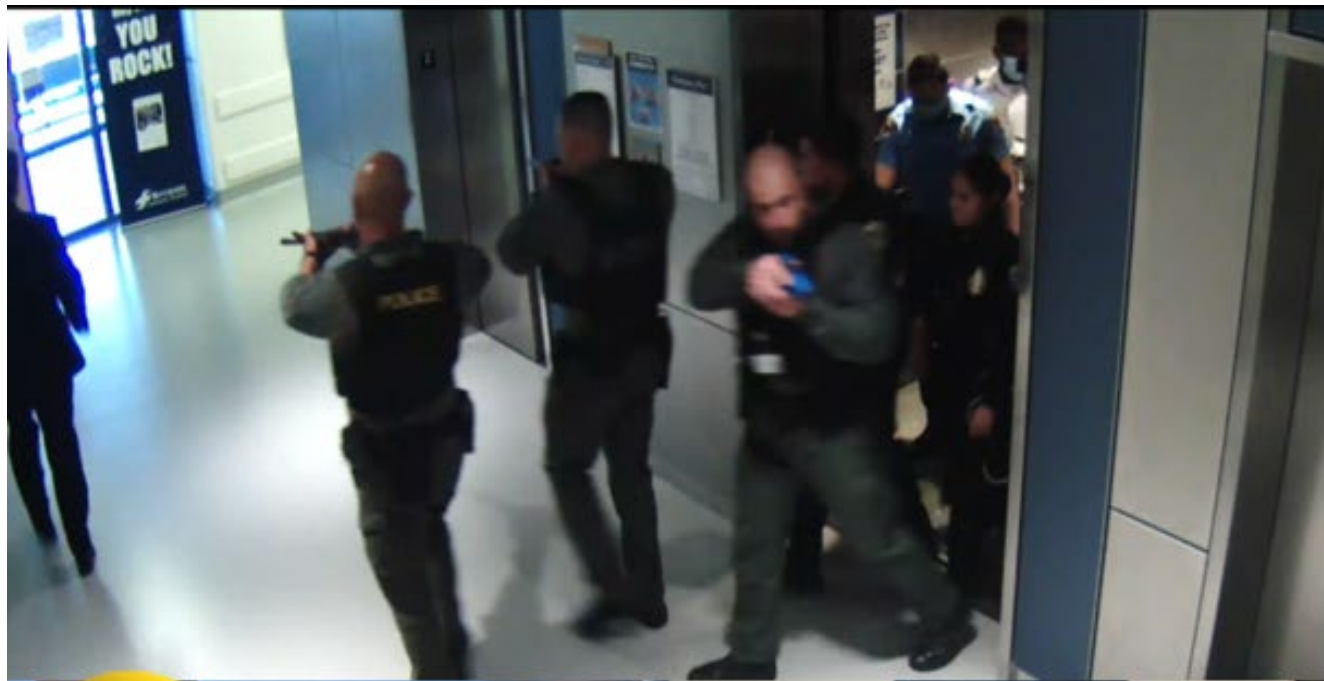


Step 13

- Exercise

Step 14

- Hotwash
- After Action Report



When unable to do a FULL drill



department



micro



exercises

ABC Hospital
Department Specific Micro Active Shooter (Disaster) Exercises

Concept: Most exercises with an active shooter as its main scenario, focus on one or no more than two departments are involved in direct activities, with the rest of the facility departments focused upon securing patients or evacuating the facility. Following recent active shooter exercises, feedback from participants indicated staff members wished to have more involving with direct active shooting response on their unit. Micro exercises fulfill that request by allowing for focus solely on one department at a time. Each exercise will be functional. Each scenario will be tailored to that department involved in the exercise. Law enforcement may or may not be involved. Active shooter activities will only be discussed or minimally simulated. As many staff members from that department that can be involved are recommended to be involved. Each exercise will last no more than 10 minutes, with 5 minutes of debriefing with staff members involved. The exercise will be more of a walk through rather simulation in activities so as to not interrupt patient care. Announcement(s) of codes will be limited to that department so as to not interrupt patient care throughout the facility via ABC. An after action report will be developed with each exercise.

MASTER SEQUENCE OF EVENTS LIST

Department For Exercise and Name of Leader over exercise:	Date and Time of Exercise:	Scenario:
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<small>Initial When Complete</small>	Event	Who and When
	Meet with Manager and/or Director of unit supplying the Active Shooter Checklist; create scenario and write in space above	Manager/Director of unit and Security Leadership; at least two days before the date and time of the proposed exercise
	Give details of exercise to PBX; ensure ABC is functional for departments in exercise	PBX Manager and/or lead(s) at least two days before date and time of the proposed exercise
	Ensure Administration is aware of exercise	At least one day before exercise
	Gather materials needed for the exercise scenario	Security Leader responsible for exercise no more than a day before the exercise
	Meet with Manager/Director of the unit for final preparations; ensure Manager/Director has informed the staff in their department that an	Security Leader, day before exercise

If you are always trying to be normal,
you will never know how

AMAZING

you can be.

Maya Angelou – American Poet



If you can't fly, then **RUN**.
If you can't run, then **WALK**.
If you can't walk, then **CRAWL**.

But whatever you do,

YOU HAVE TO KEEP MOVING.

Martin Luther King, Jr. – Civil Rights Activist and Pastor



Thank you

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