



Emergency Preparedness Plan (EPP) Series

How Do You Get Good at Doing Drills Only Twice a Year?

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Az Department of Health Services, Bureau of Medical Facilities Licensing

Wednesday, March 20, 2024

Upcoming April 17 EPP Webinar

- 3 p.m. PT
- Power Outages
- Register at:
[www.hsag.com/
epp-series](http://www.hsag.com/epp-series)



Today's Speakers

Jason Belden

*Director of Emergency
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How to Get Good at Exercising

From the why and what, to the how and when

Presented by Jason Belden,
CAHF Director of Emergency Preparedness

Why Do We Exercise?

- The results of the exercises are critical for evaluating the effectiveness of plans. Training the appropriate personnel in emergency management, communication, preparedness, planning, and other topics can improve facility resilience.
- CMS requires two annual exercises for inpatient providers: The types of acceptable testing exercises are expanded. Inpatient providers can choose one of the two annually required testing exercises to be an exercise of their choice, which may include one community-based full-scale exercise (if available), an individual facility-based functional exercise, a drill, or a tabletop exercise or workshop that includes a group discussion led by a facilitator.




The image features a dark background with a complex network of white and yellow lines that create a sense of depth and perspective, resembling a road or a track. The lines converge towards the top of the frame. In the foreground, the numbers '1', '2', and '3' are visible, suggesting lanes or starting positions. Overlaid on this graphic is the text 'Starting Point' in a bold, white, sans-serif font, centered horizontally and vertically.

Starting Point

Overview

- Where to start?
- Hazard Vulnerability Analysis (HVA)
- Emergency Operations Plan (EOP)
- Exercise development
- Exercise conduct/evaluation
- Putting it all together
- Resources for success



A close-up, blue-tinted photograph of a pen writing on a document. The pen is positioned at the top right, and a dark, jagged line is being drawn across the page. The background shows faint grid lines and a dotted line, suggesting a technical or analytical document.

Hazard Vulnerability Analysis (HVA)

- Identifies risk
- Prioritizes vulnerabilities
- Numeric rating
- Focused planning
- Kaiser Permanente template
- AHCA template

HVA (CAHF Resource)

B C D E F G H

Facility Name

FACILITY SUMMARY OF HAZARD ANALYSIS

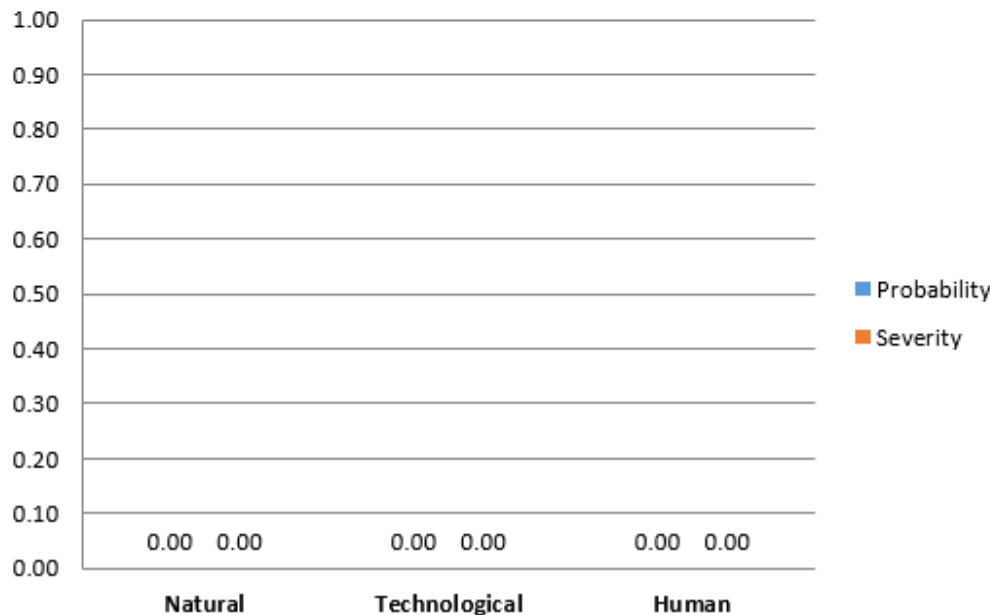
Instructions for Summary Worksheet

- The data table and graphs are formatted to auto-fill as the *Hazard Worksheets* are completed
- Cell C6 will change colors automatically depending on the calculated risk

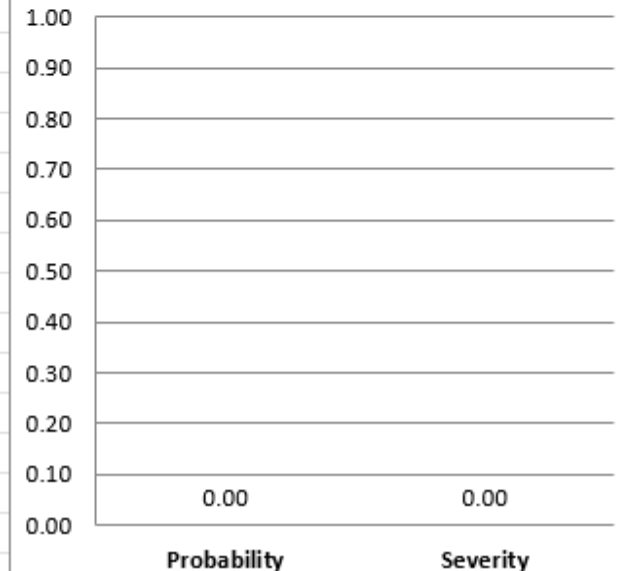
OVERALL RISK TO THE FACILITY		#DIV/0!		
	Natural	Technological	Human	FACILITY
Probability	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Severity	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Hazard Specific Risk	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Color Scale	
	Low Relative Risk
	Moderate Relative Risk
	Highest Relative Risk

Hazard Specific Risk to the Facility



Probability and Severity of Hazards to the Facility



HVA (Kaiser template)

HAZARD VULNERABILITY ANALYSIS (insert satellite name)



The HVA is done to identify potential hazards/emergencies that may affect operations or people. Results are provided for planning and exercise considerations.

EVENT	PROBABILITY <i>Likelihood of this happening</i>	SEVERITY				Percentile Rank <i>Relative risk of the event occurring</i>
		HUMAN <i>Possibility of death or injury</i>	PROPERTY <i>Physical losses and damages</i>	BUSINESS <i>Interruption of services</i>	PREPLANNING <i>Experience, supplies, and response</i>	
SCORING GUIDE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Good 2 = Fair 3 = Poor	<i>Probability x Severity</i>
Earthquake	1	2	2	2	2	22%
Snow/Ice Storm	2	1	1	2	1	28%
Wind/Thunder Storm	2	1	1	1	1	22%
Tsunami	0	2	2	3	3	0%
Electricity Failure	1	0	1	1	2	11%
Generator Failure	0	1	0	2	0	0%
Water Failure	1	1	1	1	1	11%
Flood inside satellite	1	1	1	2	1	14%
Phones/Data Failure	2	1	0	1	1	17%
Heating/Cooling	1	1	1	1	1	11%
Elevator Failure	2	1	1	1	1	22%
Fire in your satellite	1	2	2	3	1	22%
Fire in building, but <i>not near your satellite</i>	1	1	1	1	1	11%
Chemical spill, large	0	1	1	2	2	0%
Workplace Violence	2	2	1	2	1	33%
Patient care supply shortage, > 3 days	1	0	0	2	2	11%
Epidemic/Pandemic	2	2	1	2	1	33%
Road/Bridge failures, to/from the satellite	1	1	0	2	1	11%
(extra)						0%
(extra)						0%

Date	Reviewer Name and Title



Emergency Operations Plan

- All hazards approach
- Documents processes
- Guides response procedures
- Overview of facility's mitigation, planning, response, and recovery operations
- Create this plan to be operational



Exercise Development

Exercise Planning Group

Multidisciplinary Team

- Emergency Preparedness Manager/Team
- Nursing
- Facilities
- Leadership
- Respiratory Care
- Infection Prevention



Exercise Planning Meeting(s)

- Concepts
- Objectives
- What are you attempting to test?
- What is/are your desired outcome(s)?
- Develop After Action Report template



Discussion Based Exercises

Seminar

- Provides a synopsis of authorities, strategies, plans, policies, procedures, protocols, resources, concepts, and ideas.

Workshop

- Provides an overview of relevant information for an emergency management program; more participant interaction than a seminar; aims to create a product/tool for exercise conduct.

Tabletop

- Staff and key decision makers convene to discuss and verbally walk through incident response under simulated emergency settings.

Game

- Adapts to actions of participants; and consequences of decisions and actions during exercise play.

Model/ Simulation

- Used to visualize and quantify a scenario and consequences of specific decisions.

Operations Based Exercises

Drill

- Small scale way of testing a specific function of an organization (e.g. fire evacuation drill) and are used to practice or develop skills

Functional Exercise

- Targets broader capabilities than drills; used to determine whether the healthcare facility can effectively perform a function related to exercise plans, policies, or procedures

Full-Scale Exercise

- Most elaborate exercise form, requires extensive resources; often involves multiple entities besides hospitals (e.g., EMS, police, and local health departments), and includes coordination between these entities to respond to an incident

Exercise Evaluation

Exercise Evaluation

- Key areas of focus
 - Communications
 - Resources and assets
 - Safety and security
 - Staff roles and responsibilities
 - Utilities management
 - Patient and clinical care
 - Command Center operations

Exercise Conduct

- Use designated evaluators that are familiar with your plan
 - Planning team are the best candidates
- Use controllers to keep the process moving
- Allow the scenario to play out
- Do not halt exercise (unless egregious errors are evident)
- Coach players to guide where appropriate
- Use safe word to halt exercise due to injury
 - e.g., “Cinderella”

After Action Reporting

- Utilize key capabilities from planning meetings
- Utilize template from CAHF website
- Prepopulate the Exercise Improvement Plan template (also on CAHF website)
- Identify strengths/areas of improvement
- Assign responsibilities for improvement
- Modify your Emergency Operations Plan (EOP), incorporating lessons learned

CAHF Template

⊕

[Incident/
Exercise/
Event Name]
– After Action
Report

[Pick the date]

[Year]

[Author of the AAR]
Report Completed: [Date]

[Facility
Name]

□

Incident Overview:

[Insert incident/exercise/event location here]

Duration:

[Insert incident/exercise /event time]

Focus (Check appropriate area(s) below):

- Prevention
- Response
- Recovery
- Other

Activity or Scenario (Check appropriate area(s) below):

- Fire
- Severe Weather
- Hazardous Material Release
- Bomb Threat
- Medical Emergency
- Power Outage
- Evacuation
- Lockdown
- Special Event
- Exercise/Drill
- Other

Location:

[Insert incident/exercise/event location here]

Participating Organizations:

[Insert organizations here]

Improvement Plan (CAHF Resource)

[Insert Facility Name Here] Improvement Plan
from [Insert Exercise Name here] on [Date Here]

Table A.1 Improvement Plan Matrix

Capability	Observation	Recommendation for Improvement	Responsible Department's Contact	Start Date	Completion Date
Capability 1: Evacuation	1.1 Staff did not print of all electronic health records for residents when transferred to new location.	1.1.a Have specific staff assigned to make sure each resident has <u>all</u> of the records.	Admissions	8/30/17	
		1.1.b Have a policy and procedure for printing off records and sending them securely with each resident.	Administrator	8/30/17	
		1.1.c Update settings in PointClickCare for one-click printing of all vital records.	IT Dept	8/30/17	
	1.2	1.2.a			
		1.2.b			
		1.2.c			

Exercise Cycle



Putting It All Together

- Assess risks and vulnerabilities
- Use the EOP for guidance
- Use drills/exercises to validate response plans/policies
- Identify gaps
- Implement improvement plans
- Incorporate improvements into subsequent exercises

Resources for Success

- **Your Healthcare Coalition!!!!**
- California Association of Health Facilities
 - <https://www.cahfdisasterprep.com/>
- California Hospital Association
 - <https://www.calhospitalprepare.org/>
- California Department of Public Health
 - https://www.cdph.ca.gov/Programs/EPO/Pages/learning_center.aspx
 - <https://www.cdph.ca.gov/Programs/EPO/Pages/swmhe.aspx>
- ASPR TRACIE
 - <https://asprtracie.hhs.gov/>

How do we get our employees to embrace emergency preparedness?

- Help them understand why emergency preparedness and drills are for their benefit
(you'll have to be a good salesman)
- Practice *a lot*



1. Management has to embrace the need for good emergency preparedness first.

Understand the need

Take the drills and program seriously (they can tell)

Make your plan trustworthy (test it)

Play in the drills along with the staff (role model)

Pocket drills by management help a lot

Attend training and know what you're talking about

- **All drills are emergency preparedness drills, not just CMS-required drills**

Fire drills

Mock codes

State evacuation drills

Real events

Utility outages

- **Take Command, use your plans, test your plans, write After Action Reports**
- **Learn every time, and stay focused on improving your plans.**



Fire drills are emergency preparedness drills

All drills are emergency preparedness drills

You won't get good at this doing one or two emergency preparedness drills a year

Everyone has to be involved in a drill at least once every two years.

Must involve management and staff

Drills should be planned out and have goals:

1. Set objectives and practice those objectives until your staff is good at it.
2. Don't try and watch everything.
3. Get good at command—your controllers are limited so start there.
4. Controllers need to give needed inputs to the players—have the inputs planned out, don't wing it or sometimes they don't make sense to the players.
5. Controllers need to be available to the players and provide inputs (such as patient vitals when needed).



Play your drill and exercises to the full extent don't simulate what can be performed

1. Put your hand on the breaker that controls the HVAC system
2. Put your hand on the med gas valves, close the valve
3. Try to evacuate to your staging area—you may find you can't or don't like the spot you identified
4. See if you have everything you need in your go-bag or go-cart.
5. Practice with the first responders whenever they offer
(This won't happen much in big cities)



2. Explain the weather changes and all the bad things that are happening because of global warming (no politics here)

Record heat recorded in 2023

First hurricane in San Diego in 100 years; this affected Yuma and all the Colorado River communities with flooding

Wildfires galore

Record snowfall and rain in the last two years





3. Explain and show examples of incidents that have happened in in your area over the past few years

Train hazardous materials fire downtown Tempe, AZ

Major loss of power Kingman, AZ 2023 lasted two days

Riots/protests in downtown Phoenix during BLM

Hazardous materials tanker overturned in Tucson, AZ

Tornados in downtown Phoenix, Queen Creek, and Kingman (AZ average is 5 a year) All 50 states have tornados



Explain and show examples of incidents that have happened in AZ in the past few years (Cont.)

Major gas explosion in Chandler, AZ

Explosions in battery storage facilities in Surprise, AZ injured 4 firefighters

Violent patients all over Arizona due to mask-wearing during COVID

Congresswoman Gabby Giffords shot in Tucson

We have to sell them on the need to be prepared



There should be rules established before the drill starts whenever possible. You don't start surgery without a huddle!

Players should be established before the drill starts; they can be marked with identification so all controllers know who the players are and who is off limits for drill purposes.

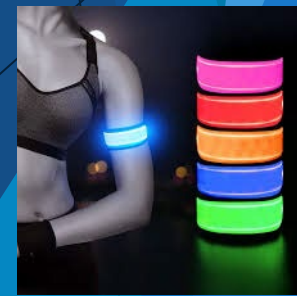
Non-players need to be OFF LIMITS, which should be well communicated before the drill starts. This is critical for patient safety.

Drills should continue until the objectives are accomplished or it's clear the objectives won't be accomplished due to drill imputes or the need for additional training is obvious.

Failures in drill play should be met with additional imputes from the controllers (think about how ACLS is done).

Always, Always, Always use NIMS (The National Incident Management Systems). You won't get good at this unless you use it all the time. This is the system the first responder uses and will expect it from your facility. (FEMA.gov/training IS100 and IS700 at a minimum).

You already use NIMS in the operating room.



Stay informed about events that might have a negative effect on your facility.

Establish command and use it to manage events in your facility such as:

Water and power outages.

Don't wait and get caught off guard.

What if power doesn't come back soon?

What if the water valve won't reopen?

What if the breaker won't close, What if the internet stays down?

If you have a planned outage (actually plan it) think about what could happen and have a plan to keep the facility safe. Don't let facilities plan these outages to involve clinical staff. Management, and compliance people.

If you have a cooling event don't wait for the temp to reach max temp for the rooms before you act. Open your plans and know the temperature limits don't reach or exceed them.

Do this using your plan, and write an After Action Report every time.

Learn, Learn, Learn.

The idea here is to prevent the incident from happening. *That's the real point of being prepared.*

If that fails, well then we have a plan to survive and then to recover/reopen and continue to provide healthcare for America.

You are the healthcare system in America!

Like it or not 80% to 100% of our income comes as a direct result of the American taxpayer so we work for the taxpayer just like the first responders.

Get your staff ready for deployment and talk to them about their thoughts on this. Don't wait for that phone call.

Know how NIMS works—that's the communications and control system they will be using wherever you might be sent.

Don't do this because it's required. Do it because it's the reason you got into healthcare in the first place.

Use the regulations as the minimum.

Three Things to Do

- Ensure you are up to date with assessing risks and vulnerabilities.
- After completing a drill or exercise, identify, and address any gaps identified in your response plans.
- Ensure an After Action Report is written after each drill and that there has been follow-up.

Arizona and California Statewide Conferences

- **Arizona—2024 Disaster Ready Summit**
 - Thursday: March 28, 2024
 - 9 a.m.—3:30 p.m. MST
 - Marriott Phoenix Airport
 - Register: [Link](#)
- **California—CAHF 2024 Really Ready Disaster Preparedness Conference**
 - Wednesday and Thursday: April 10 and 11, 2024
 - Hilton Irvine/Orange County Airport
 - Register: [Link](#)

Questions?





Thank you!

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For **Arizona-specific** questions, contact:

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CMS Disclaimer

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