A series of five blue circles of varying sizes arranged in a vertical line on the left side of the slide, with the largest circle at the top.

**ALASKA STATEWIDE HEALTHCARE COALITION
EVACUATION/SHELTER-IN-PLACE TABLETOP
EXERCISE**

**Andy Jones, Program Manager II
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Saturday, September 27, 2014**

PURPOSE

- The purpose of this exercise is to provide participants with an opportunity to evaluate current response concepts, plans, and capabilities for a response to an evacuation and/or SIP event. The exercise will evaluate hospital response using current policies, plans and procedures to manage the incident. Patient tracking, overall movement (internal and externally to receiving facilities) notifications and communications will also be evaluated.



SCOPE

- This exercise emphasizes the ability of Alaska Statewide Healthcare Coalition to effectively evacuate and/or receive patients from an evacuation and/or to SIP



OBJECTIVES

- **Objective #1 Incident Command:**
 - Demonstrate the ability to implement HICS to effectively respond to evacuation, medical surge and/or shelter-in-place.
- **Objective #2 Patient Destination Planning:**
 - Demonstrate the ability to utilize hospital plans to efficiently locate receiving facilities appropriate for each patient's level of acuity.
- **Objective #3 Patient Tracking:**
 - Demonstrate the ability to utilize the hospital's plan to track patients from current area of care to the receiving facility.
- **Objective #4 Resource Management:**
 - Demonstrate the ability to recognize current and future resources needs and request, mobilize, and manage assets and resources.
- **Objective #5 Communications:**
 - Demonstrate the ability to notify and communicate with the appropriate agencies, organizations and personnel to effectively respond to and manage the incident.
- **Objective #6 Medical Surge:**
 - Demonstrate the ability manage an influx of patients in excess of 20% of current capacity. This is in the contract as a critical aspect. I suppose we can touch on it when we talk about other hospitals plans that are implemented.



EXERCISE STRUCTURE

- This tabletop exercise (TTX) will be a multimedia, facilitated exercise. Players will participate in the following four modules:
 - Module 1: Decision Making and Notification
 - Module 2: Shelter in Place (SIP) Response
 - Module 3: Evacuation Response
 - Module 4: Hospital Receipt of Evacuees



EXERCISE GUIDELINES

- This TTX will be held in an open, low-stress, no-fault environment. Varying viewpoints, even disagreements, are expected.
- Respond on the basis of your knowledge of current plans and capabilities (i.e., you may use only existing assets) and insights derived from your training.
- Decisions are not precedent setting and may not reflect your organization's final position on a given issue. This exercise is an opportunity to discuss and present multiple options and possible solutions.
- Issue identification is not as valuable as suggestions and recommended actions that could improve response and preparedness efforts. Problem-solving efforts should be the focus.



MODULE 1: DECISION MAKING & NOTIFICATIONS

○ **January 20, 2014: 1630 Hours**

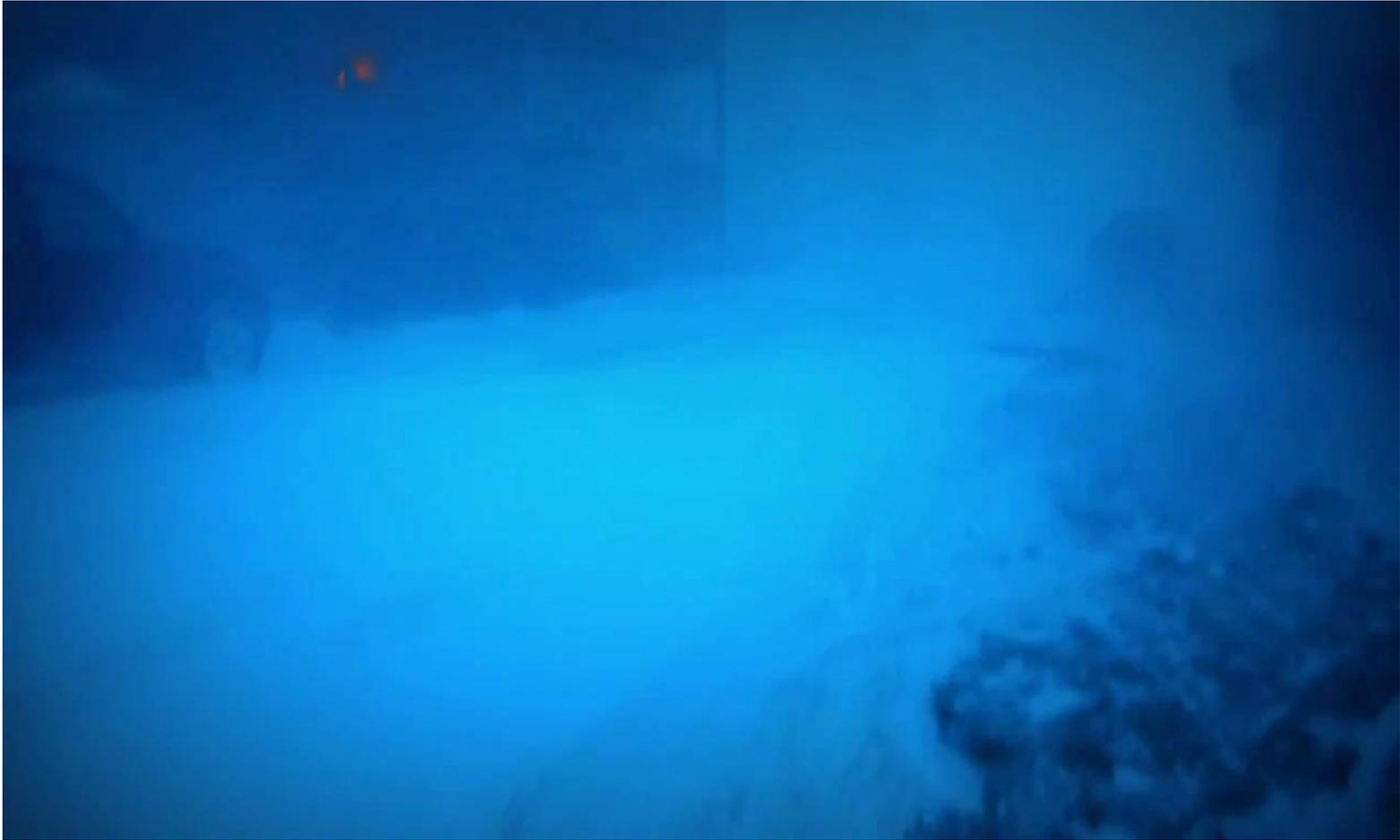
- Alaska newscasters had been advising that severe winter storms were heading toward the region and they have arrived with a vengeance. Heavy snow is falling and particularly high winds are wreaking havoc with power lines. Temperatures are at record lows. There have been winter storm warnings issued until 1930 hours.
- Shift change has just occurred at the hospital. Many from the first shift have decided to wait the storm out before wading into traffic. The hospital has full power and is monitoring weather radio and TV for news of changing circumstances.



STORM REPORT



HOSPITAL EMPLOYEE FILMS STORM



WHERE'S MY POWER



MODULE 1: DECISION MAKING & NOTIFICATIONS

○ **January 20, 2014: 1710 Hours**

- Weather reports indicate that an extreme wind warning is in effect. The hospital is experiencing winds of 70 mph with gusts reaching 135 mph. Debris is flying all around outside, the healthcare facility safety manager contacts each department lead and gives the orders to move patients into the hallways, away from danger of shattering glass.

○ **January 20, 2014: 1820 Hours**

- The sounds of the wind are deafening inside the building. Debris in the air is hurled toward hospital glass on the west side of the building and sounds of shattering glass and pounding winds are louder now. The electricity goes out momentarily and then comes back on to some areas of the building. Emergency power is operational in many areas but is not functioning in some areas requiring the need to pass out flashlights to be able to see at all. The noise outside begins to slowly fade.



MODULE 1: DECISION MAKING & NOTIFICATIONS

○ January 20, 2014: 1920 Hours

- A big picture building assessment has been made now that the weather has quieted somewhat. All glass in the west side of the building, mostly patient rooms and administrative offices has been blown out. A switch on the generator's panel has blown leaving some areas of the hospital without emergency power, including the MICU and Long-Term Acute Care (LTAC) unit.
- A replacement switch for the generator is not onsite. Hospital vendors report at least a 48-hour timeframe for delivery of the new one.
- The phone is ringing off the hook from patient family members and media wanting information about the situation.



MODULE 1: DECISION MAKING & NOTIFICATIONS

○ Key Issues

- Winter event-producing storms have moved into your region.
- Many hospital staff from the first shift has elected to ride the storm out at the hospitals.
- The hospital is now on emergency power, but glitches prevent it from working in all imperative areas.
- A preliminary building assessment shows 50% of patient rooms are completely inhabitable due to damage.
- Two critical care units are without power.
- Emergency generator will not function at capacity for a minimum of 48 hours.
- Patient family members and media are calling the hospital for information.



MODULE 1: DECISION MAKING & NOTIFICATIONS

○ Questions

- Would the Hospital Incident Command System be activated at this point? If so, what is the activation process? Which positions would currently be in play?
- Would the hospital consider evacuation or SIP at this point? Who would make this decision and based on what critical factors.
- What notifications, if any, would you make?
- Would you request additional resources at this point? If so, what and from whom?
- How will you handle incoming calls from patient family members requesting a situation report?
- What other hospital plans, if any, would be activated?
- Would your hospital go on diversion?
- How will you keep yourselves current regarding the event?
- What other actions would you take at this point?



MODULE 2: SIP RESPONSE

○ **January 20, 2014: 2045 Hours**

- The Hospital Incident Commander (IC) has decided to immediately evacuate 50% of your patients in light of the lack of electricity and the inability to get a replacement switch for the generator board for at least 48 hours. Critical care patients have been evacuated to other areas within the hospital capable of continuing their care and the Hospital Incident Liaison (HIL) has been contacted for support assistance.

○ **January 20, 2014: 2100 Hours**

- Fifteen minutes after the request for assistance from the HIL, the HIL responds that State Health Emergency Response Operations (HERO) has informed them that transportation will be unavailable for a hospital evacuation for the near future. Infrastructure has been damaged and most all roads around your hospital are completely blocked with abandoned vehicles and storm damage debris. State HERO recommends that the hospital SIP until resources become available.



FIRST AID ON FUMES



MODULE 2: SIP RESPONSE

○ Key Issues

- Hospital has decided to evacuate 50% of its patients.
- Transportation for the evacuation is currently not able to get through the debris blocked roads and road closures to get to the hospital.
- State HERO has recommended SIP until further notice.



MODULE 2: SIP RESPONSE

○ Question

- Would the Hospital Incident Command System be activated or changed in light of this new situation?
- What activities would now need to occur for a SIP?
- Would you continue preparations for an eventual evacuation? If yes, what activities would be included in this preparation?
- Would you have any security issues at this point?
- What other hospital plans, if any, would be activated?
- Would your hospital go on (or stay on) diversion?
- How will you keep yourselves current regarding the event?
- Would you require State patient movement assistance
- Have you prioritized patients to eventually be evacuated, if yes have you completed a Traces Uploadable Contingency Spreadsheet (TUCS)



MODULE 3: EVACUATION RESPONSE

o **January 22, 2014 0330 Hours**

- Your Liaison Officer has just been contacted by the HEMA that the roadways are becoming more clear but some areas are still impassable. They report that the Fire Department is standing-by to assist with your hospital's evacuation and they have requested a communication contact for transportation coordination. They have cleared ambulances for immediate assistance with more available as necessary. The local community transportation agency is also standing by with several city buses.
- Staff that stayed to avoid storm traffic is now involved in the emergency response.



MODULE 3: EVACUATION RESPONSE

○ Key Issues

- State HERO has contacted you with evacuation support services. Your evacuation can now begin.
- Ambulances and several large community transportation buses are immediately available to assist you.
- You have one and a half times the normal 2nd shift staff due to 1st shift staying to avoid winter storm issues earlier.



MODULE 3: EVACUATION RESPONSE

○ Questions

- Now that the evacuation can proceed, what notifications will you make?
- Would you call in any additional staff?
- What security measures would you take now?
- What HICS positions would you consider activating now?
- How will you find destinations for your evacuating patients?
- How will you coordinate internal patient movement for transportation out of the hospital?
- How will you coordinate arriving external transportation to your hospital campus?
- How will you track patients as they move throughout your hospital and to the receiving destination?
- How will you notify patient family members? Who else needs to be notified?
- Will you request any additional resources? From whom?
- How will you transfer medical information regarding the patient to the receiving facility?



MODULE 4: HOSPITAL RECEIPT OF EVACUEES

○ April 21, 0400 Hours

- You have been hearing reports on the news that a large hospital in the state must evacuate 50% of its patients immediately. You realize that your hospital will likely be receiving evacuees from this hospital. Just as you realize this, a page comes through from the HIL.



MODULE 4: HOSPITAL RECEIPT OF EVACUEES

○ Key Issues

- One large hospital in the state is evacuating 50% of its patients.
- You receive a page from the HIL.
- State HERO contacts you with the patient manifest



MODULE 4: HOSPITAL RECEIPT OF EVACUEES

○ Questions

- What types of information will the HIL be requesting and what actions will you take to respond?
- Would the HICS be activated at your hospital? If yes, what positions?
- How would you accommodate an influx of patients to your hospital when these patients are from an evacuating facility?
- What emergency plans would be put into play at your hospital?
- Would you call in any additional staff at this point?

