



# TABLETOP EXERCISE

## SITUATION MANUAL

### *SCENARIO - UTILITY FAILURE*

PUBLIC SAFETY POWER SHUTOFF PROGRAM (PSPS) ACTIVATION

*ICF/DD FACILITIES*

**PARTICIPANT'S NAME:**

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**TODAY'S DATE:**

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## EXERCISE OVERVIEW

<b>Exercise Name</b>	2019 CAHF's Really Ready! Disaster Preparedness Conference: Utility Failure Tabletop Exercise (TTX)
<b>Exercise Date(s)</b>	February 20 & 21, 2019
<b>Scope</b>	This is a TTX planned for long term care providers, to take place at 10:00am on February 20 & 21, 2019, at the Hilton Anaheim. This tabletop exercise is intended to help long term care providers complete one of two annual exercise requirements by the Centers for Medicare/Medicaid (CMS).
<b>Capabilities</b>	<ul style="list-style-type: none"><li>• Sheltering in place at facility</li><li>• Safe evacuation to alternate care site</li><li>• Emergency communications</li><li>• Collaboration with local, regional, tribal, state, and/or federal response partners</li><li>• Situational awareness</li><li>• Emergency staffing plans</li><li>• Alternate sources of energy</li></ul>
<b>Objectives</b>	<ul style="list-style-type: none"><li>• Activation of the Emergency Operations Plan (EOP)</li><li>• Activation of Nursing Home Incident Command System (NHICS)</li><li>• Activation of appropriate emergency policies and procedures</li><li>• Plan for continuity of operations and recovery of essential services</li></ul>
<b>Threat or Hazard</b>	Utility failure – power outage
<b>Scenario</b>	High winds causing utility companies to pre-emptively shut off power to cities
<b>Participating Organizations</b>	Facilitator: California Association of Health Facilities – Disaster Preparedness Program  Participant: Your facility name here: _____



## EXERCISE PLAN

The ExPlan follows guidelines set forth by the U.S. Federal Emergency Management Agency (FEMA) Homeland Security Exercise and Evaluation Program (HSEEP). The ExPlan gives participating organizations the information necessary to take part in an operations-based functional exercise (FE). All exercise participants should use appropriate guidelines to ensure proper control of information within their areas of expertise and protect this material in accordance with current jurisdictional directives.

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## PARTICIPANT ROLES & RESPONSIBILITIES

The term *participant* encompasses many groups of people, not just those playing in the exercise. Groups of participants, and their respective roles and responsibilities, are as follows:

- **Players.** Players are personnel who have an active role in discussing their regular roles and responsibilities during the exercise. Players discuss actions in response to the simulated emergency.
  - **Observers.** Observers do not directly participate in the exercise. However, they may support the development of player responses to the situation during the discussion by asking relevant questions or providing subject matter expertise.
  - **Facilitators.** Facilitators provide situation updates and moderate discussions. They also provide additional information or resolve questions as required. Key Exercise Planning Team members also may assist with facilitation as subject matter experts during the exercise.
  - **Evaluators.** Evaluators are assigned to observe and document certain objectives during the exercise. Their primary role is to document player discussions, including how and if those discussions conform to plans, policies, and procedures.
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## EXERCISE STRUCTURE

The exercise has two (2) modules and a hot wash. Each module begins with an update that summarizes key events occurring within that time period. After the updates, participants review the situation and engage in group discussions of issues. After group discussions, a spokesperson from each group will present a synopsis of the group's actions.

This exercise will refer to the Nursing Home Incident Command System (NHICS) and various ICS roles. Each table will represent one facility, and is expected to form an Incident Management Team (IMT) in order to address the challenges presented in this scenario. To complete this exercise, the necessary information and NHICS forms have been provided, and the rest of the NHICS forms and guides will be available for reference. To learn more general information about NHICS, please refer to Appendix E in this booklet.



## EXERCISE INSTRUCTIONS

This is intended to be a safe, open environment. Respect the observations, opinions, and perspectives of others, as the discussions will explore a variety of policies, decisions, actions, and key relevant issues from different sources. In this exercise, your table represents one facility. You and your table mates will be the Incident Management Team (IMT) and work together to find solutions.

- Fill out the Organizational Chart with people from your table. Everyone at your table must choose a NHICS role to play for the exercise. The roles will be assigned randomly by the Facilitator(s).
- Be prepared to share your table's answers with the rest of the room after each module ends.
- Write your answers in the Incident Action Plan Quick Start form. You will update this form throughout the exercise.

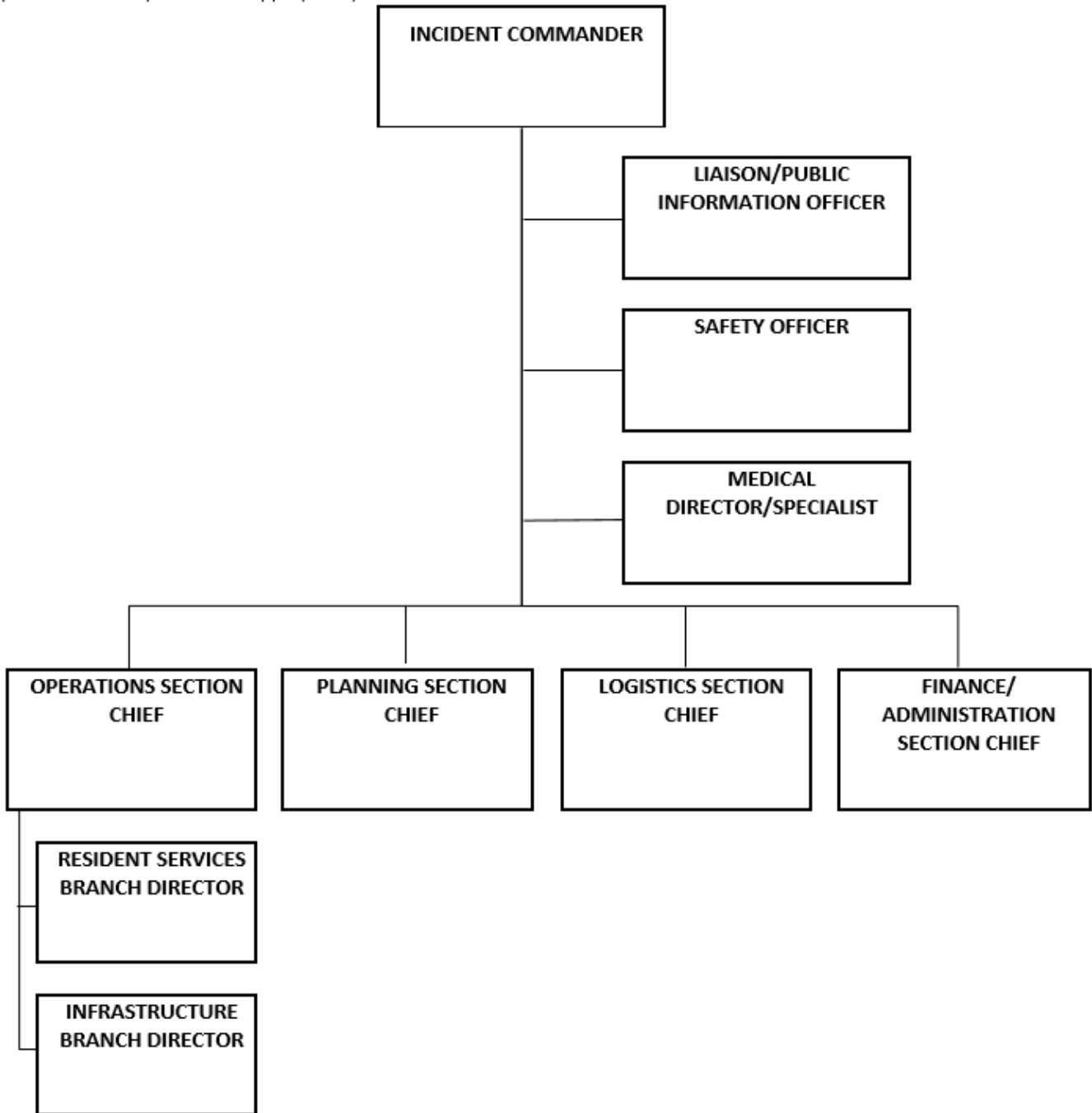
## NHICS ROLES AND FUNCTIONS

NHICS FUNCTIONS	ESSENTIAL RESPONSIBILITIES
<b>Incident Command</b>	<b>Lead/Manage</b> <ul style="list-style-type: none"> <li>– Activates and directs the response</li> <li>– Establishes priorities and objectives</li> <li>– Determines the size of the Incident Management Team (IMT) and assigns roles</li> <li>– Coordinates with other response partners</li> <li>– EMS, fire, law enforcement, public health</li> <li>– As needed, the Incident Commander may appoint what is known as the <u>Command Staff</u>:                             <ul style="list-style-type: none"> <li>○ <i>Liaison/Public Information Officer (PIO)</i></li> <li>○ <i>Safety Officer</i></li> <li>○ <i>Medical Director/Specialist</i></li> </ul> </li> </ul>
<b>Operations</b>	<b>Do Stuff</b> <ul style="list-style-type: none"> <li>– Coordinate tactical activities and implement actions consistent with the objectives identified by the <u>Incident Commander</u></li> <li>– Functions managed by the <i>Resident Services Branch</i> under <u>Operations</u>:                             <ul style="list-style-type: none"> <li>○ Admission/Transfer and Discharge</li> <li>○ Nursing</li> <li>○ Medical Records</li> <li>○ Psychosocial</li> </ul> </li> <li>– Functions managed by the <i>Infrastructure Branch</i> under <u>Operations</u>:                             <ul style="list-style-type: none"> <li>○ Dietary</li> <li>○ Physical Plant</li> <li>○ Environmental</li> </ul> </li> </ul>
<b>Planning</b>	<b>Collect Information, Analyze and Plan</b> <ul style="list-style-type: none"> <li>– Collect and report status information</li> <li>– Prepare the Incident Action Plan (IAP) and other necessary forms and reports</li> <li>– Support incident objectives established by the <u>Incident Commander</u></li> </ul>
<b>Logistics</b>	<b>Get Stuff</b> <ul style="list-style-type: none"> <li>– Acquire necessary staff, stuff and space</li> <li>– Support IMT operations</li> <li>– Ensure preservation of essential services and maintain facility supplies, equipment, transportation and labor pool</li> </ul>
<b>Finance and Administration</b>	<b>Finance, Administration and Clerical Support</b> <ul style="list-style-type: none"> <li>– Track payroll, response costs and expenditures</li> <li>– Purchase supplies and equipment</li> </ul>



**5. CURRENT ORGANIZATION**

(Fill in additional positions as appropriate)





# EXERCISE SCENARIO - ICF/DD FACILITY

## October 30, 2019

- Local meteorologists and news reports have announced that the forecast for the week looks to be unseasonably hot with the possibility for strong north winds across the State.
- These reports indicate that this could lead to increased fire danger and that Cal Fire is anticipating red flag conditions.
- Your facility is licensed as a DD-H facility, and has two sister facilities elsewhere in your county.
- Your facility was built in 1970s, receives its electricity from a large utility provider, and has no emergency back-up generator on-site.
- You currently have 6 Clients with varying levels of mobility.

Client Profile
<b>Risk of Resistance:</b> 0 Clients
<b>Impaired Mobility:</b> 2 Clients
<b>Impaired Consciousness:</b> 2 Clients
<b>Need for Extra Help:</b> 1 Client
<b>Responds to Instructions:</b> 1 Client
<b>No Response to Fire Drills:</b> 0 Clients

Facility Profile
<b>Year built:</b> 1976
<b>Number of floors:</b> One
<b>Number of total beds:</b> 6
<b>Fuel onsite:</b> None
<b>HVAC on generator:</b> No
<b>Cold storage on generator:</b> No

## MODULE ONE: POWER OUTAGE

### November 1, 2019

- Your facility receives notification from your utility provider that they anticipate shutting off the power for an undetermined amount of time due to the risk of wildfire, but it will be a minimum of 12 hours and a maximum of 120 hours. This is an automated call that comes to your front desk staff.
- News reports from Northern California are that the winds are picking up with sustained winds around 20 miles an hour.
- Cal Fire issues a press release that they will be pre-staging fire-fighting resources throughout Southern California.

### November 3, 2019

- The forecast for the day is a high of 94 degrees, relative humidity at 9%, and sustained winds above 30 miles an hour.
- Local news has indicated that the current forecast will stay consistent for the next two days.
- **At 6:30 AM your facility loses power and your generator kicks in.**
- Internal temperatures in the building are around 72 degrees at the time of loss of power.
- Your facility has roughly 72 hours worth of fuel for your generator on hand.
- All of your staff have been notified that the schools their children attend will be closed for the next two days. You currently have five (5) staff on-shift, with one staff for the night shift.





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MODULE ONE: QUESTIONS

Based on the information provided, exercise partners are directed to identify any additional requirements, critical issues, decisions, key participants or questions that should be addressed at this point in the scenario.

**Objective 1: Activation of the Emergency Operations Plan:**

1. Who is authorized at your facility to activate the Emergency Operations Plan?
2. What Rapid Response instructions can be given to your staff at this time?

**Objective 2: Activation of the Nursing Home Incident Command System:**

3. Who will be Incident Commander? Who would be the alternate? *(Remember this is the first person on scene until the role can be safely passed off to another person or higher ranking authority.)*
4. What other NHICS roles may be activated at this time? Why or why not?

**Objective 3: Activation of appropriate emergency policies and procedures**

5. How will your team maintain situational awareness of the emergency situation?
6. Which emergency policies and procedures need to be activated at this time?
7. Which Incident Management Team member will handle each assigned task?

**Objective 4: Plan for continuity of operations and recovery of essential services**

8. What other actions can be taken at this time to ensure your facility can stay operable?
9. What resources do you already have at your facility? What resources will you need? *(Refer to the Facility and Resident Profiles.)*

NHICS 200: INCIDENT ACTION PLAN QUICK START			
Incident Objectives			
6a. Objectives	6b. Strategies/Tactics	6c. Resources Required	6d. Assigned To
Activation of the EOP			
Activation of NHICS			
Activation of P&Ps			
Plan for BCOOP			



## NHICS INCIDENT RESPONSE GUIDE - UTILITY FAILURE

### RAPID AND IMMEDIATE RESPONSE

MISSION	
To safely manage resident care through effective and efficient nursing home operations during the loss of a major utility with the facility.	
DIRECTIONS	
Read this entire response guide and use as a checklist to ensure tasks are addressed and completed. Each IRG is intended to be a starting point and not all inclusive. Customize to your facility. <i>Note: Section duties and responsibilities remain the responsibility of the Incident Commander unless delegated.</i>	
OBJECTIVES	
<input type="checkbox"/>	Identify extent of outage and consider evacuation.
<input type="checkbox"/>	Maintain resident care capabilities.
<input type="checkbox"/>	Minimize impact on nursing home operations and clinical services.
<input type="checkbox"/>	Communicate the situation status to residents, staff, and the public.

RAPID RESPONSE CHECKLIST	
<input type="checkbox"/>	Call 9-1-1 if the power outage causes or threatens a medical emergency (e.g., power is lost to a ventilator).
<input type="checkbox"/>	If the utility outage poses a risk to the safety of residents, staff or visitors, take actions to reduce/eliminate the threat without jeopardizing the safety of staff.
<input type="checkbox"/>	Report the outage to the appropriate utility company or repair vendor.
<input type="checkbox"/>	Activate facility's EOP and appoint a Facility Incident Commander (IC) if warranted.
<input type="checkbox"/>	Activate back-up power and/or emergency lighting if necessary.
<input type="checkbox"/>	Comfort and assess residents for signs of distress.
<input type="checkbox"/>	Account for all residents.
<input type="checkbox"/>	Notify appropriate state survey agency to report an unusual occurrence and activation of facility's EOP.
<input type="checkbox"/>	To the extent possible, mobilize emergency back-up power generators and necessary fuel for operation. Check with maintenance and security to ensure generators are operational.
<input type="checkbox"/>	Take all reasonable steps to protect food and water supplies and maintain a safe environment of care for residents and staff.
<input type="checkbox"/>	If the decision is considered to shelter-in-place or evacuate the facility, see <b>SHELTER-IN-PLACE</b> or the <b>EVACUATION IRG</b> . Consult other IRGs as appropriate to the situation causing the utility outage, e.g., flood.

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Immediate Response (0 – 2 hours)		
IMT Position	Action	Initials
<b>Incident Commander</b>	Activate the nursing home emergency operations plan, utility failure procedures, the Nursing Home Command Center and appropriate Incident Management Team positions.	
	Establish operational periods, objectives, and regular briefing schedule. Consider using the NHICS 200: Incident Action Plan (IAP) Quick Start for initial documentation of the incident.	
	Determine the need for shelter-in-place or evacuation and activate appropriate procedures.	
	Consider limiting nonessential services.	
	Communicate with other health care facilities to determine situation status, ability to accept residents if transfer, nursing home abandonment, or evacuation is ordered.	
	Notify nursing home Chief Executive Officer, Board of Directors, state survey agency, and other appropriate internal and external officials of situation status.	
<b>Internal Liaison/PIO</b> <i>(or Incident Commander)</i>	Activate the communication plan and respond to media inquiries in coordination with the Incident Commander.	
	Prepare a media release to inform the community about the utility outage.	
	Maintain communication with residents, staff, and families regarding the current situation and what is being done to address it.	
	Update internet and social media to disseminate information about nursing home status and alteration in services to residents, staff, families, and stakeholders.	
	Monitor media outlets for updates on the incident and possible impacts on the nursing home. Communicate information via regular briefings to Section Chiefs and the Incident Commander.	
<b>External Liaison/PIO</b> <i>(or Incident Commander)</i>	Notify community partners in accordance with local policies and procedures (e.g., consider local emergency operations center, other area health care facilities, local emergency medical services, and healthcare coalition coordinator), to determine incident details, community status, and establish contacts for requesting supplies, equipment, or personnel not available in the facility.	
<b>Safety Officer</b> <i>(or Incident Commander)</i>	Initiate emergency procedures to support nursing home and campus security in response to a utility outage	
	Complete the Health and Safety Briefing section of the <i>Incident Action Plan</i> to assign, direct, and ensure safety actions are adhered to and completed.	
<b>Operations Section Chief</b>	Ensure continuation of resident care and essential services.	
	Implement the Shelter-in-Place or Evacuation Plan as needed and in cooperation with the Incident Commander.	
	Conduct a census of residents, identifying those who are appropriate for discharge.	
	Prepare to implement emergency plans and procedures as needed (e.g., loss of power, cooling, water, HVAC, communications).	
	Consider partial or complete evacuation of the nursing home, or relocation of residents and services within the nursing home.	
	Coordinate with the Safety Officer (or Incident Commander) to secure the nursing home and implement limited visitation policy.	

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Immediate Response (0 – 2 hours)		
IMT Position	Action	Initials
	Designate an area(s) to accommodate resident/staff family members/guardians seeking shelter including those who may be electrically dependent or have medical needs.	
<b>Resident Services Branch Director</b> <i>(or Operations Section Chief)</i>	Identify evacuation priorities and transfer requirements.	
	Implement downtime documentation procedures for resident care and incident management documentation as required.	
	Conduct a nursing home census and identify which residents may require transfers	
	Assess residents for risk and prioritize care and resources, as appropriate.	
<b>Infrastructure Branch Director</b> <i>(or Operations Section Chief)</i>	Implement emergency support procedures to sustain critical services (i.e., power, water, medical gasses, communications) until utility restoration can be accomplished.	
	In coordination with the Safety Officer (or Incident Commander), perform damage assessment to determine the impact and severity of utility outage. <i>(See the Facility Profile and facility map)</i>	
<b>Planning Section Chief</b>	Establish operational periods, incident objectives, and the <i>Incident Action Plan (IAP)</i> in collaboration with the Incident Commander.	
	Prepare for potential evacuation by researching available evacuation sites.	
	Gather <u>internal</u> situation status including supply and equipment status, current staff and nursing home census. <i>(See Resident Profile)</i>	
	Initiate the gathering and validation of <u>external</u> situational status (weather, impact to roads, utilities, scope of damage) and infrastructure status for inclusion in the IAP.	
	Maintain and update the situational status boards and other documentation tools for timeliness and accuracy of information received.	
	Prepare for personnel and equipment tracking.	
	Monitor and document all actions and activities.	
	Prepare for resident tracking including resident transfers.	
<b>Logistics Section Chief</b>	Assess the impact of the utility outage on communications and information technology systems.	
	Initiate backup documentation systems if electronic systems are not functioning.	
	Respond to requests for supplies and equipment; distribute appropriate equipment throughout the nursing home (e.g., portable lights, flashlights, blankets).	
	Obtain supplies, equipment, medications, food, and water to sustain operations.	
<b>Finance/ Administration Section Chief</b>	Activate vendor Memoranda of Understanding.	
	Track all costs and expenditures of response, and estimate lost revenues and other services.	



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## MODULE TWO: CONTINUITY OF OPERATIONS

Please use this new information to update your Incident Action Plan chart. A new table for any changes to your objectives has been provided for you below.

<b>NHICS 200: INCIDENT ACTION PLAN QUICK START</b>			
<b>Incident Objectives (Updated if Necessary)</b>			
<b>6a. Objectives</b>	<b>6b. Strategies/Tactics</b>	<b>6c. Resources Required</b>	<b>6d. Assigned To</b>
Activation of the EOP			
Activation of NHICS			
Activation of P&Ps			
Plan for BCOOP			
<b>Health And Safety Briefing (Updated if Necessary)</b>			

### Notes:

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NHICS INCIDENT RESPONSE GUIDE: INTERMEDIATE RESPONSE AND RECOVERY

Intermediate Response (2 - 12 hours)		
IMT Position	Action	Initials
<b>Incident Commander</b>	Obtain assessment of staffing, equipment, and supply needs and the overall impact from the ongoing utility outage on resident care, remaining staff, and the nursing home.	
	Update objectives on the <i>NHICS 200: Incident Action Plan Quick Start</i> with the collaboration of the Section Chiefs and Command Staff.	
<b>Liaison/PIO</b> <i>(or Incident Commander)</i>	Continue media briefings and updates.	
	Continue briefings and situation updates with residents, staff, and families.	
	Continue to update local emergency management and the emergency operations center of situation status and critical issues, and to request assistance as needed.	
	Continue communications with area health care facilities and facilitate resident transfers.	
<b>Safety Officer</b> <i>(or Incident Commander)</i>	Monitor, report, follow up on, and document resident or staff injuries.	
	Ensure staff food, water and rest periods.	
	Continue to provide nursing home security; develop plans to alter security services if phone or power is interrupted.	
	Conduct ongoing analysis of exiting response actions for safety issues, implement corrective actions, and update the NHICS 215A.	
<b>Operations Section Chief</b>	Ensure continuation of resident care and essential services.	
	Implement tasks listed below if Branches are not activated.	
<b>Resident Services Branch Director</b> <i>(or Operations Section Chief)</i>	Continue the evaluation of residents and resident care; reevaluate the need to curtail or cancel nonessential services.	
	Reevaluate staffing needed to maintain essential services and to provide resident care.	
	Continue to monitor the status of the physical plant and ensure the integrity of and/or restoration of utilities and communications.	
	Continue staff and equipment tracking.	
	Continue resident and bed tracking.	
<b>Logistics Section Chief</b>	Ensure complete documentation of all postponed and canceled appointments and procedures.	
	Continue to provide staff for essential operations. Activate the labor pool to obtain personnel resources as needed.	
	Establish sheltering and feeding services for staff and family/guardians.	
<b>Finance/ Administration Section Chief</b>	Contact vendors to ensure provision of needed supplies, equipment, medications, water and food.	
	Track hours associated with the emergency response.	
	Facilitate contracting for resources and services.	
	Track costs, staff hours, expenditures, and lost revenue.	
<b>Finance/ Administration Section Chief</b>	Initiate screening and tracking of incoming volunteers and/or new personnel.	

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Demobilization/System Recovery		
IMT Position	Action	Initials
<b>Incident Commander</b>	Determine nursing home status and declare termination of the incident.	
	Oversee the nursing home's return to normal operations.	
	Assess if criteria for partial or complete reopening of nursing home are met, and order reopening and repatriation of any evacuated residents.	
	With the Liaison/PIO prepare to speak with the media.	
<b>Liaison/PIO</b> <i>(or Incident Commander)</i>	Conduct a final media briefing to provide incident resolution; work with the Joint Information Center (if applicable).	
	Maintain contact with the local emergency operations center, other area health care facilities, local emergency medical services, and regional medical health coordinator to relay status and critical needs to receive incident and community updates.	
	Continue monitoring of the utility failure impact to nursing home; coordinate information with the Operations Section.	
<b>Safety Officer</b> <i>(or Incident Commander)</i>	Ensure entry and exit points are open and functioning.	
	Ensure fire doors and alarms are in working order.	
	Monitor and maintain a safe environment during the return to normal operations.	
	Report staff injury and illness for follow up by Finance/ Administration Section Chief.	
	Maintain nursing home security and traffic control.	
<b>Operations Section Chief</b>	Oversee the restoration of normal resident care operations.	
	Oversee the restoration of essential services including internet connectivity and communications. Oversee the entry of information and data into electronic records if necessary.	
	If record keeping included the use of paper based records, ensure all clinical information is entered into electronic medical records.	
	Ensure residents, staff, and visitors have access to behavioral health support as needed.	
<b>Resident Services Branch Director</b> <i>(or Operations Section Chief)</i>	Repatriate evacuated or transferred residents.	
	Restore resident care and management activities, including the normal staffing plan.	
<b>Infrastructure Branch Director</b> <i>(or Operations Section Chief)</i>	Complete a nursing home damage report, including the progress of repairs, and estimated timelines for restoration to pre-incident condition.	
	Schedule and oversee a test of the nursing home alarm systems.	
<b>Planning Section Chief</b>	Conduct debriefings or hotwash with: <ul style="list-style-type: none"> <li><input type="checkbox"/> Command Staff and section personnel</li> <li><input type="checkbox"/> Administrative personnel</li> <li><input type="checkbox"/> All staff</li> <li><input type="checkbox"/> All volunteers</li> </ul>	

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Demobilization/System Recovery		
IMT Position	Action	Initials
	Write an After Action Report, Corrective Action, and Improvement Plans for submission to the Incident Commander, and include: <ul style="list-style-type: none"> <li><input type="checkbox"/> Summary of the incident</li> <li><input type="checkbox"/> Summary of actions taken</li> <li><input type="checkbox"/> Actions that went well</li> <li><input type="checkbox"/> Actions that could be improved</li> <li><input type="checkbox"/> Recommendations for future response actions</li> </ul>	
	Prepare summary of the status and location of all incident residents, staff, and equipment. After approval by the Incident Commander, distribute as appropriate.	
<b>Logistics Section Chief</b>	Inventory all Nursing Home Command Center and nursing home supplies and replenish as necessary, appropriate, and available. Restock supplies, equipment, medications, food, and water to pre event inventories.	
	Release temporary staff and other personnel to normal positions.	
	Deactivate nontraditional areas used for sheltering and feeding and return to normal use.	
	Submit all section documentation to Planning Section Chief for compilation in After Action Report.	
<b>Finance/ Administration Section Chief</b>	Compile a final summary of all response and recovery costs and expenditures, and estimated lost revenues. Submit to the Planning Section Chief for inclusion in the After Action Report.	
	Contact insurance carriers to initiate reimbursement and claims procedures.	
	Coordinate with Risk Management for additional insurance and documentation needs, including photographs of damage, etc.	
Documents and Tools		
<b>Nursing Home Emergency Operations Plan, including:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Communication plan</li> <li><input type="checkbox"/> Business Continuity Plan</li> <li><input type="checkbox"/> Evacuation procedures</li> <li><input type="checkbox"/> Shelter-in-place procedures</li> <li><input type="checkbox"/> Memoranda of Understanding with appropriate entities</li> </ul>		
Paper forms for down-time documentation, data entry, etc.		
Access to nursing home organization chart		
Campus floor plans, maps, and evacuation routes		
Television/radio/internet to monitor news		
Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication		





# EXERCISE DEBRIEF

After your table has completed your discussion for Module Two, you may review the full **Evacuation** and **Shelter in Place Incident Response Guides** in Appendices B and C.

14. Based on your table’s Incident Action Plan, would you have been able to continue operations at your team’s facility?
  
15. If you decided to shelter in place, how much longer would you have been able to stay before needing to evacuate?

## PARTICIPANT FEEDBACK FORM

1. How prepared for an emergency situation did you feel before this Exercise? Please mark the appropriate box.

Very prepared	Prepared	Neutral	Unprepared	Very Unprepared	Not applicable
1	2	3	4	5	

2. I felt I have a better understanding of what it would take to respond to an emergency at my facility because I participated in this Exercise. Please mark the appropriate box.

Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Not applicable
1	2	3	4	5	

3. I felt that the Exercise leader(s) led the discussion well, and challenged us to think critically in an emergency situation. Please mark the appropriate box.

Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Not applicable
1	2	3	4	5	

4. What changes would you make to this Exercise?

**Think about the process of locking down your facility, and what you learned or observed during the Exercise today:**

5. What lessons did you learn?
6. What strengths do you feel exist at your facility to be prepared for an emergency?
7. What top priorities do you see for better preparing the facility for an emergency?
8. Please share any additional comments or insights at this time.

**This is not your Continuing Education evaluation for this session.**  
 This feedback form is part of the required documentation for an emergency exercise.  
 Please still complete an evaluation for CE credit on your online account at [www.cahf.org](http://www.cahf.org)



# APPENDIX A: AFTER ACTION REPORT AND IMPROVEMENT PLAN (AAR/IP)

Name of Facility: \_\_\_\_\_

Facility Type: \_\_\_\_\_

Exercise/Event Name: \_\_\_\_\_

Objective(s)	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)

**Strengths Identified**


**Areas for improvement**






# APPENDIX B: NHICS INCIDENT RESPONSE GUIDE - SHELTER-IN-PLACE

## RAPID AND IMMEDIATE RESPONSE ONLY

MISSION	
To provide a safe environment for residents, staff, and visitors within the nursing home following an incident which requires shelter-in-place.	
DIRECTIONS	
Read this entire response guide and use as a checklist to ensure tasks are addressed and completed. For each response period, all activated IMT positions should refer to their Job Action Sheet for additional actions. Each IRG is intended to be a starting point and not all inclusive. Customize to your facility. <i>Note: Section duties and responsibilities remain the responsibility of the Incident Commander unless delegated.</i>	
OBJECTIVES	
<input type="checkbox"/>	Provide for the safety of residents, staff, visitors, and families/guardians.
<input type="checkbox"/>	Provide for resident care and management.
<input type="checkbox"/>	Conduct safe and rapid shelter-in-place of the nursing home.
<input type="checkbox"/>	Plan for service restoration.

Immediate Response (0 – 2 hours)		
IMT Position	Action	Initials
<b>Incident Commander</b>	Determine the need for shelter-in-place.	
	Activate emergency operations plan, the Incident Management Team, and Nursing Home Command Center. Activate the shelter-in-procedures, and Medical/Director Specialist(s) as needed.	
	Establish operational periods, objectives, and regular briefing schedule. Consider the use of the NHICS 200: Incident Action Plan (IAP) Quick Start for initial documentation of the incident.	
	Notify nursing home Chief Executive Officer, Board of Directors, state survey agency, and other appropriate internal and external officials of situation status.	
	Determine timeline and criteria for discontinuation of nonessential services and procedures.	
<b>Liaison/PIO</b>	Activate the communication plan and respond to media inquiries in coordination with law enforcement and the Incident Commander.	
	Develop resident, staff, and community response messages to convey nursing preparations, services, and response.	
	Inform residents, staff, visitors, and families of the situation status and provide regular updates.	
	Update internet and social media to disseminate information about nursing home status and alteration in services to residents, staff, families, and stakeholders.	
	Monitor media outlets for updates on the incident and possible impacts on the nursing home. Communicate information via regular briefings to Section Chiefs and Incident Commander.	

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TABLETOP EXERCISE SITUATION MANUAL



Immediate Response (0 – 2 hours)		
IMT Position	Action	Initials
	Notify community partners in accordance with local policies and procedures (e.g., consider local emergency operations center, other area health care facilities, local emergency medical services, and healthcare coalition coordinator), including requesting supplies, equipment, or personnel not available in the nursing home.	
	Notify and regularly communicate with outside agencies about the nursing home's status and organizational needs.	
<b>Liaison/PIO</b>	Communicate with other health care facilities to determine their situation status, ability to accept residents if evacuation is ordered.	
<b>Safety Officer</b>	Recommend immediate shelter in place areas based on hazard to life.	
	Oversee immediate stabilization of the nursing home	
	Assist with the movement of residents, staff, and visitors to safe areas of the nursing home.	
	Initiate NHICS 215A to assign, direct, and ensure safety actions are adhered to and completed.	
	Recommend assembly areas based on location and route safety and immediate access to transportation vehicles if needed.	
	Secure the nursing home, limit entry of nonessential personnel, and implement limited visitation policy.	
<b>Operations Section Chief</b>	Ensure continuation of resident care and essential services.	
	Conduct a census of residents, identifying those who are appropriate for discharge, if applicable. Transfer or stabilize injured residents as appropriate and as resources are available.	
	Consider relocation of residents and services within the nursing home.	
	Coordinate with the Safety Officer to secure the nursing home and implement limited visitation policy as appropriate.	
	If shelter-in-place is required: <input type="checkbox"/> Establish shelter locations in cooperation with Incident Commander and Safety Officer <input type="checkbox"/> Monitor that all residents, staff, and visitors are safely in shelter areas <input type="checkbox"/> Secure and seal shelter areas <input type="checkbox"/> Prepare to implement emergency plans and procedures as needed (e.g., loss of power, cooling, water, HVAC, communications). <input type="checkbox"/> Designate an area(s) to accommodate resident/staff family members/guardians seeking shelter including those who may be electrically dependent or have medical needs.	
	Activate Business Continuity Plans and procedures.	
	Implement tasks listed below if Branches are not activated.	

Immediate Response (0 – 2 hours)		
IMT Position	Action	Initials
	Conduct a nursing home census and identify which residents may require immediate transfer.	

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Immediate Response (0 – 2 hours)		
IMT Position	Action	Initials
<b>Resident Services Branch Director</b>	Implement manual documentation procedures for resident care and incident management documentation, as required.	
	Oversee resident family/guardian notifications of shelter-in-place, transfer, or early discharge.	
<b>Infrastructure Branch Director</b>	Discontinue nonessential services and initiate utility shutdowns.	
<b>Planning Section Chief</b>	Establish operational periods, incident objectives, and an Incident Action Plan in collaboration with the Incident Commander	
	Prepare for potential evacuation by researching available evacuation sites.	
	Gather internal situation status including supply and equipment status, current staff and nursing home census.	
	Initiate the gathering and validation of external situational status (weather, impact to roads, utilities) and infrastructure status for inclusion in the IAP.	
	Maintain and update the situational status boards and other documentation tools for timeliness and accuracy of information received.	
	Monitor the complete documentation of activities, decisions, and actions.	
<b>Logistics Section Chief</b>	Implement emergency support procedures to sustain critical services (e.g., power, water, communications).	
	Distribute appropriate equipment throughout the nursing home (e.g., portable lights, flashlights, blankets, etc.).	
	Obtain supplies, equipment, medications, food, and water to sustain operations.	
	Relocate hazardous materials and other materials requiring increased security, as time allows.	
	Activate the labor pool to obtain personnel resources as needed.	
<b>Finance/ Administration Section Chief</b>	Implement established pay codes for personnel to track hours associated with the response.	
	Refer to Job Action Sheet for additional tasks.	



# APPENDIX C: NHICS INCIDENT RESPONSE GUIDE – EVACUATION

## RAPID AND IMMEDIATE RESPONSE ONLY

MISSION	
To provide a safe environment for residents, staff, and visitors within the nursing home following an incident that impacts the structural integrity or service availability of the nursing home which requires full or partial facility evacuation.	
DIRECTIONS	
Read this entire response guide and use as a checklist to ensure tasks are addressed and completed. For each response period, all activated IMT positions should refer to their Job Action Sheet for additional actions. Each IRG is intended to be a starting point and not all inclusive. Customize to your facility. <i>Note: Section duties and responsibilities remain the responsibility of the Incident Commander unless delegated.</i>	
OBJECTIVES	
<input type="checkbox"/>	Provide for the safety of residents, staff, visitors, and families/guardians.
<input type="checkbox"/>	Provide for resident care and management.
<input type="checkbox"/>	Conduct safe and rapid evacuation (partial or full) of the nursing home.
<input type="checkbox"/>	Plan for service restoration.

Immediate Response (0 – 2 hours)		
IMT Position	Action	Initials
<b>Incident Commander</b>	Determine the need for complete or partial evacuation versus shelter-in-place.	
	Activate emergency operations plan, the Incident Management Team, and Nursing Home Command Center. Activate the evacuation procedures, and Medical/Director Specialist(s) as needed.	
	Establish operational periods, objectives, and regular briefing schedule. Consider the use of NHICS 200: Incident Action Plan (IAP) Quick Start for initial documentation of the incident.	
	Notify nursing home Chief Executive Officer, Board of Directors, state survey agency, and other appropriate internal and external officials of situation status.	
	Determine timeline and criteria for discontinuation of nonessential services and procedures.	
<b>Liaison/PIO</b>	Activate the communication plan and respond to media inquiries in coordination with law enforcement and the Incident Commander.	
<b>Liaison/PIO</b>	Develop resident, staff, and community response messages to convey nursing preparations, services, and response.	
	Inform residents, staff, visitors, and families of the situation status and provide regular updates.	
	Update internet and social media to disseminate information about nursing home status and alteration in services to residents, staff, families, and stakeholders.	
	Monitor media outlets for updates on the incident and possible impacts on the nursing home. Communicate information via regular briefings to Section Chiefs and Incident Commander.	

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 TABLETOP EXERCISE SITUATION MANUAL



Immediate Response (0 – 2 hours)		
IMT Position	Action	Initials
	Notify community partners in accordance with local policies and procedures (e.g., consider local emergency operations center, other area health care facilities, local emergency medical services, and healthcare coalition coordinator), including requesting supplies, equipment, or personnel not available in the nursing home.	
	Notify and regularly communicate with outside agencies about the nursing home's status and organizational needs.	
	Communicate with other health care facilities to determine their situation status, ability to accept residents if evacuation or facility abandonment is ordered.	
<b>Safety Officer</b>	Recommend immediate evacuation areas based on hazard to life.	
	Oversee immediate stabilization of the nursing home.	
	Assist with safe evacuation of residents, staff, and visitors.	
	Initiate NHICS 215A to assign, direct, and ensure safety actions are adhered to and completed.	
	Recommend assembly areas based on location and route safety and immediate access to transportation vehicles.	
	Secure the nursing home, limit entry of nonessential personnel, and implement limited visitation policy.	
	Provide additional personnel to ensure security of the evacuation staging sites.	
<b>Operations Section Chief</b>	Ensure continuation of resident care and essential services.	
	Conduct a census of residents, identifying those who are appropriate for discharge. Transfer or stabilize injured residents as appropriate and as resources are available.	
	Consider partial or complete evacuation of the nursing home, or relocation of residents and services within the nursing home.	
	Coordinate with the Safety Officer to secure the nursing home and implement limited visitation policy as appropriate.	
	Implement the type of evacuation, as determined in cooperation with the Incident Commander: <input type="checkbox"/> Immediate versus delayed evacuation <input type="checkbox"/> Partial versus complete evacuation	
	If evacuation is required: <input type="checkbox"/> Prioritize areas for evacuation based on Safety Officer's evaluation of threat to life <input type="checkbox"/> Identify evacuation priorities and transfer requirements	
	Activate Business Continuity Plans and procedures.	
	Implement tasks listed below if Branches are not activated.	
<b>Resident Services Branch Director</b>	Conduct a nursing home census and identify which residents may require immediate transfer.	
	For partial evacuation: <input type="checkbox"/> Prepare and ensure transfer of resident records, medications, and valuables to transfer location <input type="checkbox"/> Provide resident information as appropriate <input type="checkbox"/> If evacuation is from a fire or explosion, evacuation must be to a fire compartment at least two fire compartments away (horizontally or vertically) from the fire or explosion	



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TABLETOP EXERCISE SITUATION MANUAL



Immediate Response (0 – 2 hours)		
IMT Position	Action	Initials
	<input type="checkbox"/> Reassign personnel to ensure adequate staffing in area receiving residents	
	For complete evacuation: <ul style="list-style-type: none"> <li><input type="checkbox"/> Prepare and ensure the transfer of resident records, medications, and valuables to holding and assembly area</li> <li><input type="checkbox"/> Confirm the transfer and timeline with the accepting facility, providing resident information as appropriate</li> <li><input type="checkbox"/> Establish safe holding and assembly area to place residents, staff, and belongings until transfer</li> <li><input type="checkbox"/> Reassign staff to accompany residents moved to alternate facilities; ensure adequate staffing for resident care</li> </ul>	
	Implement manual documentation procedures for resident care and incident management documentation, as required.	
	Oversee resident family/guardian notifications of evacuation, transfer, or early discharge.	
<b>Infrastructure Branch Director</b>	Discontinue nonessential services and initiate utility shutdowns.	
<b>Planning Section Chief</b>	Establish operational periods, incident objectives, and an Incident Action Plan in collaboration with the Incident Commander	
	Prepare for potential evacuation by researching available evacuation sites.	
	Gather internal situation status including supply and equipment status, current staff and nursing home census.	
	Initiate the gathering and validation of external situational status (weather, impact to roads, utilities) and infrastructure status for inclusion in the IAP.	
	Maintain and update the situational status boards and other documentation tools for timeliness and accuracy of information received.	
	Initiate resident tracking using NHICS 254 – Emergency Admit Tracking.	
	Monitor the complete documentation of activities, decisions, and actions.	
<b>Logistics Section Chief</b>	Implement emergency support procedures to sustain critical services (e.g., power, water, communications) until evacuation can be accomplished.	
	Distribute appropriate equipment throughout the nursing home (e.g., portable lights, flashlights, blankets, etc.).	
	Obtain supplies, equipment, medications, food, and water to sustain operations.	
	Relocate hazardous materials and other materials requiring increased security, as time allows.	
	Activate the labor pool to obtain personnel resources as needed.	
<b>Finance/ Administration Section Chief</b>	Implement established pay codes for personnel to track hours associated with the response.	



## APPENDIX D: ACRONYMS

AAR	After Action Report
CAHAN	California Health Alert Network
CAHF	California Association of Health Facilities
Cal OES	California Governor's Office of Emergency Services
CDPH	California Department of Public Health
CERT	Community Emergency Response Team
DOC	Department Operations Center
EEG	Exercise Evaluation Guides
EMS	Emergency Medical Services
EMSA	Emergency Medical Services Authority
EOC	Emergency Operation Center
EOM	California Public Health and Medical Emergency Operations Manual
EOP	Emergency Operations Plan
EPO	California Department of Public Health Emergency Preparedness Office
ExPlan	Exercise Plan
FE	Functional Exercise
FEMA	Federal Emergency Management Agency
FSE	Full Scale Exercise
HIPAA	Health Insurance Portability and Accountability Act
HPP	Hospital Preparedness Program
HSEEP	Homeland Security Exercise and Evaluation Program
IAP	Incident Action Plan
ICS	Incident Command System
IP	Improvement Plan
LEMSA	Local Emergency Medical Services Authority
MCI	Mass Casualty Incident
MHCC	Medical and Health Coordination Center
MHOAC	Medical/Health Operational Area Coordinator Program
MOU	Memorandum of Understanding
MRC	Medical Reserve Corps
MSEL	Master Scenario Events List
NHICS	Nursing Home Incident Command System
NIMS	National Incident Management System
OA	Operational Area
PPE	Personal Protective Equipment
RDMHS	Regional Disaster Medical Health Specialist
SEMS	Standardized Emergency Management System
SitMan	Situation Manual
SOC	State Operations Center
SWMHE	Statewide Medical and Health Exercise
TTX	Tabletop Exercise



## APPENDIX E: WHEN TO USE NHICS

Recent years have brought new hazards and risks for which the the long term care provider is responsible, such as wildfires, planned power outages, or emerging infectious diseases. In any of these situations, a number of problems are created and response priorities must be quickly identified. The Nursing Home Incident Command System (NHICS) enables the long term care provider to create an organizational structure and develop a road map to optimally manage the incident, using the resources available. NHICS is useful in all stages of emergency management:

### **Mitigation**

Using NHICS in itself is a mitigation strategy for staffing shortages, safe evacuation, and other hazards that would otherwise cause panic or chaos among staff and result in a poor response effort. Hospitals and response agencies such as fire, law, EMS, and Public Health all use the Incident Command System (ICS), so by practicing NHICS, long term care providers can communicate more effectively with response partners, and help to mitigate any possible miscommunications during a chaotic event.

### **Preparedness**

Training and exercising with NHICS is the best way to prepare staff for an emergency event. Incident Resonse Guides (IRGs) are customized to several different common hazards, including “Missing Resident.” These IRGs are broken up into “Rapid,” “Immediate,” and “Sustained Response,” followed by hazard-specific instructions for “Recovery.” Long term care providers can further customize these IRGs with facility-specific instructions for their staff.

### **Response**

NHICS is always scalable – many simple incidents may require only the activation of a single person, the Incident Commander, who can handle all of the necessary tasks. But in a larger, more impactful incident, more Incident Management Team (IMT) positions may be needed. The Incident Commander makes the decision to “size up” the IMT as necessary. The scalability of NHICS, along with other features, makes the system flexible and therefore adaptable to the nursing home’s needs.

### **Recovery**

For drawn out emergency situations such as evacuation, NHICS provides a framework for managing continuity of operations, with clearly defined roles and tasks for different staff members to fill. This allows for a consistent recovery until normal operations are restored. Using the NHICS forms also assists in the documentation efforts of the facility, for proper tracking of staff, residents, and incurred costs during the disaster for reimbursement later on.

For all Nursing Home Incident Command System training materials, visit:

[www.cahfdisasterprep.com/nhics](http://www.cahfdisasterprep.com/nhics)

All NHICS training materials are also found on conference USB drive.



[www.cahfdisasterprep.com](http://www.cahfdisasterprep.com)