REALLY READY TABLE TOP EXERCISE: UTILITY FAILURE

February 20-21, 2019 - Anaheim, CA

AFTER ACTION REPORT

April 11th, 2019

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HANDLING INSTRUCTIONS

1. The title of this document is the "Really Ready Table Top Exercise – After-Action Report"

2. The information gathered in this AAR is not classified, but reproduction of this document, in whole or in part, without prior approval from the California Association of Health Facilities is prohibited.

3. At a minimum, the attached materials will be disseminated on the CAHF-DPP website for one year, at: www.cahfdisasterprep.com/conference

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EXECUTIVE SUMMARY

The California Association of Health Facilities' Disaster Preparedness Program (CAHF-DPP) hosted a two-day conference on February 20-21, 2019, for which the Really Ready Utility Failure Table Top Exercise (TTX) was developed. The exercise planning team discussed the effects of prolonged power outages on the long-term care facilities, and concluded that the vast majority of facilities within the State will not be able to sustain operations for an extended amount of time without electricity. Since the loss of power will be a likely outcome of other types of emergencies or disasters, the team designed this exercise for participants to identify the common procedures to prioritize and protect the life and safety of the residents in their facilities.

This TTX was designed to test the long-term care community's Healthcare and Medical Response Coordination, Continuity of Healthcare Service Delivery, and Medical Surge capabilities. The planning process for this exercise was guided by diverse stakeholders such as CAHF-DPP, the California Department of Public Health Emergency Preparedness Office (CDPH-EPO), Pacific Gas and Electric (PG&E), and the Los Angeles County Department of Health Services (LAC-DHS).

Based on the exercise planning team's deliberations, the following objectives were developed for the Really Ready Utility Failure TTX:

- Objective 1: Activation of the Emergency Operations Plan
- Objective 2: Activation of Nursing Home Incident Command System (NHICS)
- Objective 3: Activation of appropriate policies and procedures
- Objective 4: Plan for continuity of operations of essential services

The purpose of this report is to analyze exercise results, identify strengths to be maintained and built upon, identify potential areas for further improvement, and support development of corrective actions.

Major Strengths

The major strengths identified during this exercise are as follows:

- Baseline knowledge of participants was considerably higher than previous exercises; immediately identified correct policies and procedures.
- Prioritized life safety in determining operational objectives.
- Identified correct evacuation procedures once resident safety could not be maintained.

Primary Areas for Improvement

Throughout the exercise, several opportunities for improvement in the ability to respond to the incident were identified. The primary areas for improvement are as follows:

- Most of the facilities were still not comfortable with managing an event through the Incident Command System, and/or were not familiar with incident action planning.
- Some participants automatically transitioned to evacuation without utilizing all resources available to sustain safe operations in the facility.
- Participants had trouble identifying resources available to them from the County and how to access those resources.

The evaluators witnessed a deep understanding of the complexities involved in the loss of utilities to their buildings. Most of the participants knew of the dangers of transitioning from shelter-in-place to evacuation and what triggers would cause them to switch priorities.

The largest area of improvement needed is to develop relationships with the responders for the providers' own counties. Many participants failed to identify how to reach out to the county Medical Health Operational Area Coordinators (MHOAC) for assistance when deciding to stay in the building. This is the most important contact for providers in the event of a disaster so the controller made it clear; providers need to be familiar with that response agency and what they will expect from them in order to access resources in a disaster.

With any exercise of this size there will be procedural issues identified with how the exercise was conducted and how much time was allocated to complete the exercise. The exercise had a slow start as handout materials were distributed, and this shortened the time allotted to complete all of the discussion questions. Some participants felt it did not leave enough time to complete the exercise material.

SECTION 1: EXERCISE OVERVIEW

Exercise Details

Exercise Name
Really Ready Utility Failure Table Top Exercise

Type of Exercise
Table Top

Exercise Start Date
February 20th, 2019

Exercise End Date
February 21st, 2019

Duration
Two Hours Each Day

Location
California Ballroom, Hilton Anaheim, CA

Sponsor
California Department of Public Health and Los Angeles County Department of Health Services

Program
California Association of Health Facilities - Disaster Preparedness Program

Mission
Response

Capabilities
- Shelter-in-place or Evacuation depending on choice during exercise
- Emergency Communications
- Collaboration with response partners
- Maintaining situational awareness
- Emergency staffing
- Alternate sources of energy

Scenario Type
Utility Failure (Public Safety Power Shut-Off Program)

Exercise Planning Team

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Participating Organizations

California Department of Public Health - Emergency Preparedness Office
Los Angeles County Department of Health Services
California Association of Health Facilities – Disaster Preparedness Program
Prevent – Fire and Safety Consulting
Fire Life Safety, Inc.

Number of TTX Participants: 145

Ability Pathways Inc
Advanced Rehabilitation Center of Tustin
Alameda County Public Health
Alamitos West HC Ctr
American River Ctr
Aslan Healthcare Management
Atherton Baptist Home - Sam B West
Atherton Baptist Homes Inc
Bella Sera
Bella Vista Health Ctr
Bixby Knolls Towers Nrsg Home
Bonnie Brae Convalescent Hospital
Bright Expectations Inc
Butler Valley Inc
C&R Guesthomes
California Department of Health Services
California Department of Veterans Affairs
California Post Acute
Casa de las Campanas
Casa de Modesto
CDPH L&C
Century Villa
Chaparral House
Chowchilla Dist Mem Hosp-DP
Community Care on Palm
Community Convalescent Ctr of San Bernardino
Community Extended Care Hosp of Montclair
Creekside Rehab & Behavioral Health
Crescent City Skilled Nrsg
Crestwood Behavioral Health Inc
Crystal Cove Care Ctr
Daughters of Charity Health Sys
DDS-DCD-HDCSS
Department of Health Care Services
Dignity Health - St. Mary Medical Center
Downey Community Health Ctr
Edgemoor Hosp DP/SNF
Eisenberg Village
El Encanto Healthcare & Habilitation Center
Emerald Terrace Convalescent Hospital
Ensigngroup
Eskaton Care Ctr Greenhaven
Extended Care Hosp of Westminster
Freedom Village HC Ctr
Friendship Manor Nrsg & Rehab
Gapasin Manor Inc
Garden Park Homes
Generations Healthcare
Gladstone Care & Rehab Ctr
Golden Cross HC
Greenridge Senior Care
Harbor HC Inc
Harbor Villa Care Ctr
Harris Care Ctrs Inc
Helen Evans Home
Hillside Senior Care
Infinity Care of East LA
John C Fremont HC Dist
La Paz Geropsychiatric Ctr
Laguna Hills Health & Rehab Ctr
Landmark Med Ctr
Las Flores Convalescent Hospital
Le Foyer Inc
Lemon Grove Care & Rehab Ctr
Lincoln Meadows Care Center
Los Angeles Fire Department
Maclay Health Care
Mary Health of the Sick
Medical Center Convalescent Hospital
Meritage Healthcare LLC
Milestones of Development Inc
Mission Hills Post Acute Care
Monterey Palms HC Ctr
Mountain Manor Senior Residence
National Mentor HC Inc
New Horizon Integrated Care ICF/DD-H Homes Inc

New Horizons
Newport Bay Hosp
Newport Nrsg and Rehab Ctr
NORTH ORANGE COUNTY SURGERY CENTER
Norwalk Skilled Nrsg & Wellness Ctr
Oakdale Nrsg & Rehab Ctr
Olive Vista Behavioral Health Ctr
Our House Residential Care
Pacific Haven HC Ctr
Pacific Villa
Palm Village Ret Comm Health Care Ctr
Palomar Heights Post Acute Rehab
Palos Verdes HC Ctr
Pine Creek Care Ctr
Plum HC Group LLC
Pursue Health LLC
Ramona Rehab & Post Acute Care Inc
Reche Canyon Rehab
Regency Oaks Care Ctr
Renew Health Group
Rescare
Rinaldi Convalescent Hospital
Roseville Point HC & Wellness Ctr
Rowntree Gardens
Russell Phillips & Assoc
Salem Christian Homes
San Marino Manor
San Mateo County EMS
Santa Anita Convalescent Hospital
Santa Fe Heights Healthcare Ctr
Seacrest Village Ret Comm
Sequoia Living
Sharon Care Ctr
Shoreline HC Ctr
Skyline HC & Wellness Ctr
SnF Management Inc
Somerset Subacute Care
South Central Family Health Center
South Coast Post Acute
St John of God Retirement & Care Ctr
Sunny View Care Ctr
Teleon Health Inc
The Tamalpais
Totally Kids/Circlebrook DD-N
U. S. Department of Veterans Affairs
United Cerebral Palsy of Los Angeles
Valley Village
Vasona Creek HC Ctr
Veterans Home of CA - Barstow
Veterans Home of CA - Chula Vista
Veterans Home of CA - Fresno
Veterans Home of CA - Lancaster
Veterans Home of CA - Redding
Veterans Home of CA - West Los Angeles
Vista del Sol Care Ctr
Vista Pacifica Ctr
VitalCare America
White Blossom Care Ctr
Whittier Hills HC Ctr
Windsor / Human Good
Windsor Conv Ctr of North Long Beach
Windsor Country Drive Care Ctr
Windsor Gardens CC - Long Beach
Windsor Gardens HC Ctr of the Valley
Windsor Manor Rehabilitation Center of Concord
Windsor Park CC - Fremont
Wolf Creek Care Ctr

SECTION 2: EXERCISE DESIGN SUMMARY

The exercise design team, along with the CAHF Disaster Preparedness Statewide Advisory Council used the HSEEP format of the Statewide Medical Health Exercise to facilitate and design this exercise.

Exercise Purpose and Design

Beginning in 2018, California's three largest public utility companies instituted the Public Safety Power Shut-off Program, designed to reduce the risk of large wildfires caused by damaged or sparking power lines. Through a number of discussions about the technical intricacies of this policy with diverse stakeholders including, the Office of Statewide Health Planning and Development Facilities Development Division (OSHPD-FDD), the California Department of Public Health Emergency Preparedness Office (CDPH-EPO), and Los Angeles County Department of Health Services (LAC-DHS), it was determined that these planned power outages would have a huge impact on healthcare providers. The utility providers have indicated that these planned outages may last up to 120 hours, with the loss of power not just affecting healthcare facilities, but the entire community as a whole. Some of the residents, patients, and clients in these buildings are dependent on line-operated medical equipment, and any loss of power can be harmful or fatal to them. Prolonged outages without air-conditioning have serious adverse effects for long-term care residents, and in the past have caused a large loss of life. It is the goal of the exercise designers to test the participants' understanding of the complexities in dealing with the loss of power, and take appropriate actions to protect residents' health and safety in a long-term care facility.

Exercise Objectives, Capabilities, and Activities

Capabilities-based planning allows for exercise planning teams to develop exercise objectives and observe exercise outcomes through a framework of suggested action items. The capabilities listed below form the foundation for this exercise.

Based upon the identified exercise objectives below, the exercise planning team has decided to demonstrate the following capabilities during this exercise:

- **Objective 1:** Activation of Emergency Operations Plan
  - Situational Awareness: Identify authorized Incident Commander on-duty; begin rapid response activities; notify staff of activation.
  - Communications: Notify the county Medical Health Operational Area Coordinator (MHOAC) and Licensing's nearest district office of "unusual occurrence"; initiate staff recall; notify families, the Ombudsman, and vendors of emergency operations.

- **Objective 2:** Activation of Nursing Home Incident Command System (NHICS)
  - Situational Awareness: Identify and set operational objectives for rapid response; guide

rapid response activities based on incident response guides for power failure; identify other NHICS positions needed for activation; identify staffing needs for next operational period.

- Collaboration: Use NHICS documentation to capture information to be provided to response partners for status reporting and resource requesting.

- **Objective 3:** Activation of Appropriate Emergency Policies and Procedures
  - Safe Evacuation: Create objectives designed to closely monitor conditions of residents before calling for evacuation; Identify electrically dependent residents/clients for immediate evacuation; If evacuating identify and locate an alternate care site with the help of the MHOAC; Identify transportation needs based on acuity of resident/client; Activate vendor agreements for transportation services; If vendor transport available follow correct procedure to request transportation resources.
  - Shelter-in-place: Identify locations to co-locate residents into areas of the building that can be kept cool; Identify procedures to monitor health conditions of the residents and assign it to the correct incident management team member; Activate vendor agreements for generator fuel; Identify infrastructure challenges that will contribute to increased internal heat and identify steps to mitigate effects; Identify dietary challenges with preparing food without power.

- **Objective 4:** Plan for Continuity of Operations
  - Situational Awareness: Identify whether operations can be sustained immediately and what the triggers are that would make the facility change from shelter-in-place to evacuation; Identify partners that may be able assist with temporary alternate care site; Identify and assign the correct NHICS role for forecasting facility impact through duration of event.

Scenario Summary

EXERCISE SCENARIO

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 receives its electricity from a large utility provider.
- Your facility was built in 1970s and most of the large systems within the building are aging and are not connected to emergency power.
- You currently have 78 residents with varying levels of mobility. The categories below are all mutually exclusive, with no overlap in medical conditions.

Resident Profile
Ambulatory: 12 residents
Non-Ambulatory: 24 residents
O2 Dependent: 20 residents
IVs: 11 residents
Enteral Feedings: 3 residents
Elopement Risk: 8 residents

Facility Profile
Year built: 1976
Number of floors: One
Number of total beds: 99
Fuel onsite: 72 hours at full load
HVAC on generator: No
Cold storage on generator: No

Planned Simulations

MODULE ONE: UTILITY FAILURE SCENARIO

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.
- Twenty (20) of your staff have been notified that the schools their children attend will be closed for the next two days.

MODULE TWO: SCENARIO INJECT

November 3rd, 2019

- **It is now 2:30pm.** Your facility receives an automated phone call from the utility company confirming that the power outage will last 48 hours until wildfire conditions abate.
- The internal temperature of your facility has risen to 84 degrees. The outdoor forecast remains the same, with strong hot winds blowing some wildfire smoke from the next county over.
- Six (6) of your staff have left to pick up their children from school, and twelve (12) staff members cannot find alternate childcare for their families on short notice. They need to leave as well.
- A local news station has contacted your front office about whether your facility will evacuate or shelter in place due to the power outage.

SECTION 3: ANALYSIS OF CAPABILITIES

CAPABILITY 1: PLANNING

Capability Summary: Planning is the mechanism through which Federal, State, local and tribal governments, non-governmental organizations (NGOs), and the private sector develop, validate, and maintain plans, policies, and procedures describing how they will prioritize, coordinate, manage, and support personnel, information, equipment, and resources to prevent, protect and mitigate against, respond to, and recover from Catastrophic events. The focus of the Planning Capability is on successful achievement of a plan's concept of operations using target capabilities and not the ability to plan as an end unto itself.

Activity 1.1: Coordinate and integrate all response and recovery agencies/organizations in the planning process:

Observation 1.1: Most of the participants identified the correct point of contact (the Medical Health Operational Area Coordinator or MHOAC) within the county response structure to coordinate with during a disaster. Outside of the knowledge of who to call, most of the facilities were unfamiliar with their counties' bed-polling software, how to submit status reports, or how to request resources.

References: E-0009 Process for Planning with Response Authorities

1. Include a process for cooperation and collaboration with local, tribal, regional, State, and Federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency situation, including documentation of the facility's efforts to contact such officials and, when applicable, of its participation in collaborative and cooperative planning efforts.

Analysis: The Medical Health Operational Area Coordinator (MHOAC) represents the 24/7/365 single point of contact for the statewide MHOAC program, and is responsible for monitoring, ensuring, and procuring medical-health resources during a local emergency or disaster. The MHOAC is authorized to work with the Regional Disaster Medical Health (RDMHC) Program to submit and respond to medical-health requests for resources outside of the Operational Area (OA). In each OA, the Local Health Officer (LHO) and the Local Emergency Medical Services Agency (LEMSA) Administrator may act jointly as the MHOAC, or they may jointly appoint an individual to serve in this role.

Recommendations: Enough of the participants were unfamiliar with the MHOAC position and program that counties are highly encouraged to reach out to the healthcare facilities in their jurisdiction to discuss the individual county's response structure.

1. EMSA/LHO - A description of what is expected by the county in order for healthcare facilities to access resources during a disaster should be prepared and sent to all healthcare providers. Explain the situation reporting expectations.

2. EMSA/LHO - A description of what types of resources the MHOAC program can and cannot assist with during an emergency or disaster should be provided to all stakeholders.
3. EMSA/LHO - Through this planning process, each county MHOAC is encouraged to incorporate skilled nursing facilities into their existing bed polling software if they are not already. This should assist the MHOAC in finding quick placement for evacuating residents.

CAPABILITY 2: RISK MANAGEMENT

Capability Summary: Risk Management is defined by the Government Accountability Office (GAO) as "A continuous process of managing—through a series of mitigating actions that permeate an entity's activities—the likelihood of an adverse event and its negative impact." Risk Management is founded in the capacity for all levels of healthcare to identify and measure risk prior to an event, based on credible threats/hazards, vulnerabilities, and consequences, and to manage the exposure to that risk through the prioritization and implementation of risk-reduction strategies. The actions to perform Risk Management may well vary among healthcare entities; however, the foundation of Risk Management is constant.

Activity 1.1: Develop actionable risk management strategy with short, medium, and long-term objectives.

Observation 1.1: Based on the observations of the evaluators; the baseline knowledge of incident command and management by objective was minimal. Most of the participants saw the value of managing an event through ICS. The evaluators only noticed some of the participants familiar with the incident action planning process to document risk management objectives. The evaluators also observed most facilities had identified a position that would be incident commander 24 hours a day.

References: E-0007 Address patient/client population, including, but not limited to, persons at-risk; the type of services the [*facility*] has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans**.**

1. During times of emergency, facilities must have employees who are capable of assuming various critical roles in the event that current staff and leadership are not available. At a minimum, there should be a qualified person who "is authorized in writing to act in the absence of the administrator or person legally responsible for the operations of the facility."

Analysis: One of the goals of this exercise was to test the decision-making of the participants for an event that changed the risk to the life and safety of the residents, and to learn to manage that event using the Nursing Home Incident Command System. Time was dedicated during the exercise to teach participants the incident action planning process as a method of managing changing risk during an emergency. The evaluators saw that all the participants had correctly identified the most important objective of maintaining life safety of the residents when they set objectives for each operational period throughout the exercise.

Once the issues with documenting the incident action plan were resolved, all of the participants moved to implementing the correct procedures that were identified in the IAP. Each group discussed these procedures, and the Incident Commander at each table passed out the staff assignments within the discussion.

The controller advised the participants that risk management is not over once the emergency event starts. The exercise scenario was written to challenge the participants to reassess their procedures based on the developing situation, and change from sheltering to evacuation if necessary. Within the scenario, the internal temperature of the building became increasingly dangerous for the population; the participants all identified this health risk correctly and began to take measures to cohort SNF residents into areas of the facility that could be kept cool. Only some of the participants identified that the MHOAC might be able to assist them with temporary cooling measures. Some of the participants chose to evacuate as a precaution. The controller and evaluator felt that these participants made the decision to evacuate too soon without first exhausting the resources that could be available to them. The controller and evaluators all stressed that evacuation is the last resort, and every effort to keep residents in the building should be made.

The potential loss of staffing, with mass blackouts causing school closures, took many by surprise and they were unable to identify back-up staffing resources without a declared disaster. This meant most of the participants recognized they would be forced to operate with minimal staffing. They talked about where they would house staff and their children to encourage them to come to work.

Overall, the ability of the participants to effectively change operational objectives due to the increasing risk they were managing was well above previous exercises.

Recommendations: The evaluators and controller would recommend the expansion of training programs for incident command and management by objective as a method to monitor and reduce risk in an emergency or disaster for the long-term care industry. The evaluators and controller also recommend that CDPH and EMSA identify how they could assist the facilities to stay sheltered-in-place.

4. For Long-Term Care – Place emphasis on incident command and continuity of essential services and operations training, with a special focus on identifying what the essential services of the buildings are.
5. EMSA (MHOAC) – Work with providers to identify mitigation strategies for those at risk of prolonged power outages to include temporary cooling measures, temporary generators, etc.
6. CDPH – Consider program flex or waiver allowance for lowered staffing during these events. Without a declared disaster, access to Disaster Healthcare Workers or the Medical Reserve Corps would not be possible. Consideration should be given to working with the Governor's Office to create a blanket allowance for lowered staffing during this type of event that does not rise to a declared disaster.

SECTION 4: CONCLUSION

The loss of power, whether for a short or sustained period, has the potential for a large loss of life in healthcare facilities. The elderly and frail are uniquely vulnerable to irreversible health consequences and death due to heat stress. For these types of events, each facility's emergency operations plan should have thorough procedures for resident care during a prolonged power outage. These procedures should highlight the protocols for monitoring residents' health and exposure, the facility's temperature, and local forecasts. These policies and procedures need to be used as a basis for the training of staff to recognize signs, symptoms, and treatment of heat stress.

One of the challenges for the participants we observed related to the management of the event with the Incident Command System (ICS). Even the facilities who had experience with ICS needed assistance with the incident action planning process. Management by objective needs to be incorporated by all facilities if they want to give themselves every opportunity to navigate emergencies and disasters in the most efficient way.

The most common challenge had to do with the identification of the Medical Health Operational Area Coordinator (MHOAC) as the point of contact for facilities to access resources to assist them in maintaining safe operations while sheltered-in-place. A common request of the providers was for a clearly defined scope of practice for the MHOAC program with all of the methods of preferred communication in a flow chart for quick reference in a disaster. There are examples of one-page flow charts created by County MHOAC programs to capture all of this information. It is encouraged for each county to develop one for their county and present those materials to each healthcare facility in their jurisdiction.

While the challenges associated with the large-scale loss of power are many, the vast majority of the providers had a strong understanding of the medical, planning, and logistic challenges associated with these types of events. The number of facilities that participated in this exercise amounts to approximately 10 percent of the total long-term care facilities in the State. Local health care coalitions are encouraged for local healthcare coalitions take these exercise documents and use them as a basis for exercising these types of events, even if they are not in the footprint identified by PG&E or SoCal Edison. Loss of power is a common outcome of many different types of emergencies or disasters and exercising these types of events will allow the coalitions and healthcare providers to get a better idea of the impact to their operations or individual jurisdiction.

Overall, the baseline level of knowledge from the participants far exceeds previous exercises. Facilities are grasping the complexities of managing these events without actually having to experience them. This is a positive direction, but more facilities and response agencies need to exercise together on utility failure in order to protect the life safety of long-term care residents in the State of California.