SKILLED NURSING FACILITY
EVACUATION TRAINING

March 21 Santa Barbara
March 22 Santa Maria
9:30am-12:00 pm
Jan Koegler, MPH
Manager, Public Health Emergency Preparedness

Stacey Rosenberger, MPH
Emergency Services Planner

Santa Barbara Public Health Department
and
Emergency Medical Services Agency
Welcome and Introductions

- Name and Facility
- What is your biggest concern during an evacuation of your facility?
- Are you planning on making this a full scale exercise to meet new CMS requirements?
Agenda

- “Housekeeping” for Presentation
- Goals & Objectives
- Meeting New CMS and Licensing & Certification Requirements
- Your Evacuation Plan: Stages of Evacuation
- Exercise Walk-Through
  - Evacuating your Facility - Forms
  - Receiving Evacuees at your Facility – Forms
  - Your Turn: Demonstration of Full Scale Exercise Options
- Wrap up and CEU Certificates
Why are we doing a SNF evacuation training and exercise?

- Keep patients safe
  - Train SNF/ICF staff and EMS Agency staff in evacuation procedures

- SNF’s requested “hands-on” exercises

- Meet new licensing and accreditation requirements
  - Meeting the new “full scale” exercise requirement
  - 1 additional exercise is required, can be a “tabletop” exercise
Training Goals & Objectives

□ Provide training on how we will test an easy to use evacuation exercise model
  ▪ Provide options to assure your facility meets requirement for a “full scale” exercise

□ Assure SNF’s and their staff understand their facility plan and the County’s evacuation procedures

□ Assure SNF staff can collect and provide information necessary to evacuate residents

□ Improve ability to evacuate patients safely and efficiently
2016 Evac Exercise:
What were the strengths

- Good hands on exercise
- Able to report patient census and needs for transport within 30 minutes
- Beds found for all evacuees; evacuated within 2 hours
- SNF’s were very willing to share transport resources
- Good ability to complete the evacuating and receiving facility forms
- All SNF’s participated
<table>
<thead>
<tr>
<th>Facility</th>
<th># Passengers</th>
<th># W/C</th>
<th>Dispatched To</th>
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2016 Evac Exercise:
What needs to be improved?

- Available bed types not correctly reported: definitions of “licensed” vs “surge” beds was confusing
- Receiving SNF’s offered beds but were not told if patients were coming.
- Sex and condition of patient was not given to receiving SNF’s – may make a difference
- Staff need to be included in count of persons needing transport
- SNF’s had space but no regular or medical cots
2016 Evac Exercise:
What needs to be improved?

- Unable to reach you MOU facilities due to old contact info in MOU
- Transfer of W/C bound patients to a seat is an obstacle to rapid evacuation
- Few true spots for to remain in W/C in buses
- Staff did not know the plan or their role in Nursing Home Incident Command System “NICS”
- Handwriting each patients name on tracking sheet takes a lot of time
- Bariatric beds rented; not uniformly available
# NEW CMS REQUIREMENTS

## Training & Testing

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* Santa Barbara County
  Disaster Healthcare Partners Coalition
  Partner. Prepare. Respond.
New CMS Emergency Preparedness Rule for Full Scale Exercise

SNF/ICF must participate in an annual full scale community based exercise

- Evacuation exercise will meet this requirement—we will provide ideas on how to make this “full scale”
- Evacuation exercise forms are provided and can be used to document the exercise
- All forms must be completed and returned to PHD/EMSA at the end of exercise in order to receive a letter of participation.

*PHD conducts another community based exercise each November*
DOCUMENTATION

- Exercise or real event must be documented

Remember to include:
- After Action Report /Improvement Plan
- Photos
- Sign-in Sheets
- Forms used during exercise or event
- Updates to your emergency plan following
Meeting Licensing and Certification Requirements

- **Practice the plan.** [CFR §483.75(m), §483.470(h)(2), T22 §72551(c) (d) (e), §76563(c), (d), §76928(c) (d), §73549(d)].

External disaster drills are required **twice a year for Skilled Nursing Facilities (SNFs).** Additionally, the facility must participate in all local and state disaster drills when asked to do so by the local or state disaster or emergency medical services agencies. Use drills not only to practice your plan, but also as a means to identify the places where training and/or equipment need to be enhanced. A written report of all drills must be generated and if concerns are identified, follow up action must be documented.
Meeting Licensing and Certification Requirements

- The plan must include provisions for the conversion of useable space for immediate care of emergency admissions \([72551(b)(4), 76563(b)(4), 76928(b)(4)]\).

Your facility may not be directly impacted by a disaster, but you may be asked to offer shelter and care to others in the event of an emergency. Provisions in your plan must address how you will manage emergency admits in an orderly manner.
L&C may **grant facilities temporary permission** to exceed their licensed bed capacity and/or to house residents in areas that have not previously been approved for patient care in a justified emergency [CCR T22 §72607(a)(b), §76609(a)(b) & §76936 (a)(b), §73609(a) 7 (c)].

**To obtain permission** to exceed licensed capacity, contact the L&C district office administrator or their designee as soon as possible when the threat of evacuation is identified.

Once L&C determines that the residents health and safety needs can be reasonably met at the receiving facility, permission will be granted.

If the **emergency occurs outside business hours**, contact the CDPH After Hours Duty Officer (916) 328-3605
Meeting Licensing and Certification Requirements

- The plan must outline procedures for maintaining a record of resident movement and a method of sending all pertinent personal and medical information with them [CCR T22 §72551 (b)(8)& (10), §76563(b)(8)&(10), §76928 (b)(8)&(10), §73549(b)(9)].

- In an evacuation it may be necessary to send your residents to a variety of different locations. An accurate record must be maintained of where they went and when they went. Additionally, they must be sent with a disaster “tag” that contains basic medical information including medication, diet, and acute conditions as well as personal information relevant to their care. This is especially critical for patients who cannot communicate their care needs.
Meeting Licensing and Certification Requirements

- The plan must address procedures for the emergency discharge of patients who can be discharged without jeopardy into the community including arrangements for their care, transportation, and a follow up inquiry within 24 hours. (CCR T22 §72551(b)(7), §76563 (b)(7), §76928 (b)(7)].

- There may be residents who would be better off temporarily with a family member during an evacuation situation. The procedures for emergency discharge should be developed and described in the facility plan.
Santa Barbara PHD/EMS Agency
Requirements

- SNF participation in evacuation exercise is required by the SB EMS Agency
- All SNF’s will be contacted during the exercise
Your Facility’s Evacuation Plan

Your Facility’s Plan Should Have Procedures that Cover:

- Internal Event that Requires Evacuation
- External Event/Disaster that Requires Evacuation
Stages of Evacuation

1. Stage 1: Preparing to Evacuate
2. Stage 2: Final Preparation & Evacuation
3. Stage 3: At the Receiving Facility
4. Stage 4: After the Disaster
Stages of Evacuation

Stage 1: PREPARING TO EVACUATE

- Activate your facility Emergency Operations Plan making sure all checklists and contact phone numbers are readily available.
- Appoint a Facility Incident Commander as the person in charge of leading any necessary evacuation operation.
- Inform your staff of the potential need to evacuate. Assign leadership roles to prepare and evacuate patients.
- If your facility uses the Nursing Home Incident Command System (NICS) activate appropriate roles.

In case of immediate threat:

- Call 911, ask for assistance and inform of hazard and your status.
- Move residents to a pre-designated staging area inside or outside building for rapid evacuation.
- If you smell gas, and it is safe to do so, shut off the gas. Do not do so unless need is certain as only the gas company can turn it back on.
- Contact the MOU facilities and transport companies to determine bed availability and transport resources.
Stage 1: Preparing to Evacuate

- Activate your facility emergency operations plan.
- Inform your staff of the potential need to evacuate and assign leadership roles.
- Communicate with your MOU receiving facility.
- Notify your licensing agency that your facility is preparing the evacuate.
Communication

- PHD/EMS Agency
- CAHAN
- Licensing
- Long Term Care Ombudsman
- MOU Facilities
- Transportation Vendors
- Staff
- Residents’ Families
Exercising our MOUs

- Expectations
  - Supplies, Staff, Transportation etc.

- Call MOU facilities for beds and transport

- Who? When?

- Contact all before the exercise
Sample Memorandum of Understanding

- What MOU do you have?
  - Transportation
  - SNF beds
  - ICF beds

- Are your staff aware of the MOU’s?

- When was the last time you reviewed your MOU with your partner facility?
Who has the authority?

- Who makes the decision to evacuate?
- Who provides your surge numbers?
- Who authorizes receipt of patients from another facility?
- Whose patient is it?
Evacuation Form

EVACUATING FACILITY FORM FOR LONG TERM CARE FACILITIES
This form is to be used when you are evacuating patients/residents from your facility

EVACUATING FACILITY INFORMATION

Name of Your Facility: __________________________ Facility Phone Number: __________________________ Facility Type: __________________________
Facility Contact: __________________________ (24 Hour) Contact Phone Number: __________________________
Email: __________________________

Total Number of Residents: __________________________
Number of Residents that will go to family: __________________________
Number who cannot be evacuated and will shelter in place with care givers: __________________________
TOTAL Number of Residents Requiring Evacuation: 0

EVACUATION TRANSPORTATION

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Transportation

- Produce a list of all residents in your care and all staff who will accompany residents in evacuating.

- Notify pre-arranged emergency transportation that you are preparing to evacuate.

- Communicate your transportation needs with the PHD/EMS Agency or LTC Ombudsman.
Who provides transportation?

You Arrange

- Your facility vehicles
- Your MOU facility vehicles
- Your MOU transportation vendors

EMS Agency Arranges

- Ambulances
- Other SNF transport
- Public transport
- Private transportation providers
Wheelchair Transport

- Limited number of spaces
- Requires physical strength
- Resident may need to be transferred into the bus
- Resident remains in wheelchair
- Resident needs to be transferred from a wheelchair lift
## Evacuation Transportation From Vendor or Assisting Facility Planning Sheet

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<th># Passengers</th>
<th># W/C</th>
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Getting your Residents Ready

- Prepare medical records
- Pack medications for each resident
- Personal bag for each resident
- DME or Oxygen
Evacuation Wristband

☐ Use wristbands from disaster supplies and put the following on:
  ☐ Client/Patient’s name and date of birth
  ☐ Name/address of facility where client lives
  ☐ Emergency contact number for facility personnel
  ☐ Emergency contact number for family/guardian

Jewel Color Code

BLUE - Memory Loss
PURPLE - DNR
RED - Allergy
YELLOW - Fall Risk
Resident Evacuation Tag

**Examples**

**What do you use?**

### APPENDIX C - RESIDENT EVACUATION TRACKING FORM

- **Sending Facility:**
- **Receiving Facility:**
- **Patient Name:** (PRINT)
- **Date of Birth:** __/__/____, Gender: Male/Female
- **Transferring Facility Medical Record Number:**
- **Triage tag number (if used):**
- **Method of Transport:** Ambulatory/Wheelchair/Basic Life Support/Advanced Life Support
- **Emergency Contact:** __________________ Telephone #: __________________
- **Notified of Transfer:** YES/NO
- **Attending Physician:** __________________ Notified of Transfer: YES/NO
- **Primary Diagnosis:**

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<td>Physicians orders</td>
<td>YES</td>
<td>NO</td>
</tr>
</tbody>
</table>

### NHICS FORM 260 | INDIVIDUAL RESIDENT EVACUATION TRACKING FORM

- **1. FACILITY NAME:**
- **2. DATE:**
- **3. UNIT:**
- **4. RESIDENT NAME:**
- **5. Age:**
- **6. MEDICAL RECORD #:**
- **7. SIGNIFICANT MEDICAL HISTORY:**
- **8. ATTENDING PHYSICIAN:**
- **9. FACILITY NOTIFIED:** YES NO CONTACT INFORMATION:

### 10. ACCOMPANYING EQUIPMENT (CHECK THOSE THAT APPLY):

- **HOSPITAL BED**
- **GUARDBY**
- **WHEEL CHAIR**
- **AMBULATORY**
- **SPECIAL MATTRESS**
- **N PUMPS**
- **OXYGEN**
- **VENTILATOR**
- **BLOOD GLUCOSE MONITOR**
- **RESPIRATORY EQUIPMENT**

### 11. DEPARTMENT LOCATION

<table>
<thead>
<tr>
<th>ROOM#:</th>
<th>TIME:</th>
<th>ID BAND CONFIRMED:</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>
| 12. ARRIVING LOCATION

<table>
<thead>
<tr>
<th>ROOM#:</th>
<th>TIME:</th>
<th>ID BAND CONFIRMED:</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

### 11. SPECIAL CONSIDERATIONS

- **TIME TO STAGING AREA:**
- **TIME DEPARTING TO RECEIVING FACILITY:**
- **DESTINATION:**
- **ARRIVAL TIME:**
- **TRANSPORTATION:**
  - Ambulance Unit
  - Helicopter
  - Bus
  - Other:
- **ID BAND CONFIRMED:** YES NO
### Resident Face Sheet

**APPENDIX E - SAMPLE FACE SHEET**

<table>
<thead>
<tr>
<th>Resident Name:</th>
<th>Admission Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth:</td>
<td></td>
</tr>
<tr>
<td>Medical Record #:</td>
<td></td>
</tr>
<tr>
<td>Physician:</td>
<td></td>
</tr>
<tr>
<td>Vaccination History</td>
<td>DATE</td>
</tr>
<tr>
<td>Tetanus</td>
<td></td>
</tr>
<tr>
<td>Flu</td>
<td></td>
</tr>
<tr>
<td>Pneumococcal</td>
<td></td>
</tr>
<tr>
<td>FPD Status:</td>
<td></td>
</tr>
</tbody>
</table>

#### WHOM TO NOTIFY WITH EMERGENCIES AND PROBLEMS

<table>
<thead>
<tr>
<th>Contact</th>
<th>Name</th>
<th>Phone</th>
<th>Alt. Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Durable Power of Attorney</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary Contact #1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Guardian/Conservator</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Family or friends</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any restrictions on notification:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### MENTAL HEALTH STATUS

Psychiatric/Behavioral Disorders: (please list)

#### FUNCTIONAL STATUS

<table>
<thead>
<tr>
<th>Ambulation</th>
<th>Continent</th>
<th>Continence</th>
<th>Inc</th>
<th>Intermittent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independent</td>
<td>Urine</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Independent, Assisted Cane, Walker, Wheelchair</td>
<td>Stool</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Confined to Bed or Chair</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### TREATMENT STATUS

<table>
<thead>
<tr>
<th>DNR</th>
<th>Do Not Hosp.</th>
<th>Comfort measures only</th>
<th>No Antibiotics</th>
</tr>
</thead>
<tbody>
<tr>
<td>No IV's</td>
<td>No feeding tube</td>
<td></td>
<td>Full Code</td>
</tr>
</tbody>
</table>

#### CODE STATUS:
## Patient Tracking Form

Form to Track Long Term Care Evacuated Clients/Patients

<table>
<thead>
<tr>
<th>PATIENT/RESIDENT TRANSPORTATION WORKSHEET</th>
<th>1. Facility Name</th>
<th>2. Date and TIME PREPARED:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PATIENT/RESIDENT NAME</strong></td>
<td><strong>PATIENT STATUS</strong></td>
<td><strong>Injury? describe</strong></td>
</tr>
<tr>
<td>1. .</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. .</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Patient Tracking form used by one of the SNFs - they used their census form and then added columns for needed information to it.

<table>
<thead>
<tr>
<th>Amb/Loc</th>
<th>Name</th>
<th>Transport To</th>
<th>Driven</th>
<th>Meals</th>
<th>Transfer</th>
<th>Left</th>
<th>Notify</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A</td>
<td>unknown</td>
<td>Family</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1B</td>
<td>10059</td>
<td>Valle Verde</td>
<td>C/D</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2A</td>
<td>10061</td>
<td>Valle Verde</td>
<td>C/D</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2B</td>
<td>10062</td>
<td>Valle Verde</td>
<td>C/D</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3A</td>
<td>10063</td>
<td>Valle Verde</td>
<td>C/D</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3B</td>
<td>10064</td>
<td>Valle Verde</td>
<td>C/D</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4A</td>
<td>10065</td>
<td>Shelter in Place</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4B</td>
<td>10066</td>
<td>Valle Verde</td>
<td>C/D</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5A</td>
<td>10067</td>
<td>Family</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5B</td>
<td>10068</td>
<td>Valle Verde</td>
<td>C/D</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6A</td>
<td>10069</td>
<td>Valle Verde</td>
<td>C/D</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6B</td>
<td>10070</td>
<td>Valle Verde</td>
<td>C/D</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7A</td>
<td>10071</td>
<td>Valle Verde</td>
<td>C/D</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7B</td>
<td>10072</td>
<td>Valle Verde</td>
<td>C/D</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8A</td>
<td>10073</td>
<td>Valle Verde</td>
<td>C/D</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Stage 2: Evacuation

- Provide PHD/EMS with the evacuation destination address (facility, hotel, shelter, medical shelter) and your facility 24/7 manager contact number.
- Let PHD/EMS know if you need additional beds for residents.

- Provide the receiving destination:
  - with the number of residents evacuating
  - the number of staff who will stay at the receiving facility to help
  - Estimated arrival time

- Set up areas for Family Pick-up, Ambulance, and Bus/Van
Stage 3: At the Receiving Facility

- Contact the PHD/EMSA or Ombudsman to let them know you have arrived at receiving facility(ies) and if you need any assistance.

- **Track your residents** - provide PHD/EMS Agency with this information.

- Inform licensing of the status of your clients.

- Maintain care for your residents at you’re the receiving facility or at the evacuation site.
Stage 4: Returning to your Facility

- Your licensing agency may need to inspect your facility before you are allowed to return
- Arrange for transportation back to your facility
Receiving Facility Checklist

- Activate your facility emergency operations plan
- Prepare to provide following information:
  - Transportation resources
  - Licensed bed availability
  - Surge Capacity
- Prepare surge areas and extra beds/cots
- Prepare receiving area for evacuees
Place beds or cots in space not normally used for patients.
- Dining room, classroom, corridors etc.

Increase bed capacity of existing patient rooms
- Convert single rooms to double rooms
- Convert double rooms to triple rooms

Note: You will need to request authorization from licensing to use your identified surge areas.
QUESTIONS???
Exercise Overview for April 19

7.3 magnitude earthquake struck southern Santa Barbara County at 9:20 a.m.

- There are reports of gas leaks, power outage, and water pipes bursting.
### Exercise Roles

<table>
<thead>
<tr>
<th></th>
<th>Evacuating Facilities</th>
<th>Receiving Facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SNF</strong></td>
<td>?</td>
<td>ALL North and South</td>
</tr>
<tr>
<td>Time: TBD</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ICF</strong></td>
<td>?</td>
<td>ALL North and South</td>
</tr>
<tr>
<td>Time: TBD</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Your Facility Participation

- Determine if you want to be an evacuating facility
- All evacuating facilities must have a full scale exercise
- Receiving facilities can be full scale if desired
- Complete the Survey Monkey regarding participation
- Participation is required
Exercise Assumptions

- Evacuating SNF can discharge patients to their RCFE if appropriate to their level of care.
- Evacuating SNF can discharge patients to families if appropriate to their level of care.
- No evacuating patients have an aerosol transmissible disease (ATD).
Participation as an *Evacuating Facility*

**This is a full scale exercise**

- Use and train staff in your evacuation plan
- Complete Evacuating Facility Form
- Communicate with PHD/EMS Agency
- Contact CDPH Licensing and tell them your facility is exercising its evacuation plan
- Assess/report transportation needs for staff and residents
- Contact your MOU receiving SNF for beds and transportation assistance
- Prepare patient tracking form based on current patients
Participation - Receiving Facility
Can be a full scale exercise

- Respond to your MOU facility
- Complete Receiving Facility Form
- Assess bed availability and surge areas in facility.
- Assess the transportation you can provide
- Set up patient receiving areas (full scale)
- Communicate with PHD/EMS Agency:
  - #s of beds, surge capacity, transportation and resources needed.
  - Call to licensing to use surge area if required
## Exercise Timeline: Exercise Begins

<table>
<thead>
<tr>
<th>Time</th>
<th>Event Details</th>
<th>Evacuating SNF Action</th>
<th>Receiving SNF Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>10:00 a.m.</td>
<td>CAHAN: SNF Exercise Begins, Earthquake in Santa Barbara County</td>
<td>Confirm CAHAN alert, Inform staff that exercise has begun and phone calls may be received from PHD/EMS Agency</td>
<td>Confirm CAHAN alert, Inform staff that exercise has begun and phone calls may be received from PHD/EMS Agency</td>
</tr>
</tbody>
</table>
- CAHAN is the official public health altering and notification program for California.

- PHD uses CAHAN to alert partners in a disaster or emergency.

- All facilities should have at least one person enrolled in CAHAN.

- Please check the list to see who receives CAHAN alerts for your facility.
Communication During the Exercise

- PHD/EMS Agency will call your facility main number
- Please advise your staff
- Take advantage of opportunity to train staff in evacuation procedures
## Exercise Timeline: Calling MOU Partners

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Evacuating SNF Action</th>
<th>Receiving SNF Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>10:15</td>
<td>Two SNF’s in Southern Santa Barbara are damaged in earthquake.</td>
<td>• Locate disaster plan and evacuation procedures and inform staff how to assist in the exercise.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Call PHD DOC to report you need to evacuate due to gas leak and water pipe breakage with flooding. Fire department has turned off gas. Two patients injured and may need to go to hospital.</td>
<td>If your facility has an MOU with the evacuating facility:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Call your MOU partners to determine bed availability and transport assistance.</td>
<td>• Receive call from evacuating facility, then do the following:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Call CDPH Licensing to inform that facility is participating in the evacuation exercise.</td>
<td>• Complete Receiving Facility Form</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Complete Evacuating Facility Form</td>
<td>• Provide information from the form to the evacuating facility regarding:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Provide DOC/EMSA staff with information from the form (patient census, bed and transportation needs)</td>
<td># of bus/ driver availability</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td># of licensed beds available</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td># of beds in surge areas and resources needed to activate surge areas</td>
</tr>
</tbody>
</table>

**NOTE:** In Exercise the PHD DOC will call transportation providers such as SMOOTH and Easy Lift to determine availability of transport.
# Evacuating Facility Form

**EVACUATING FACILITY FORM FOR LONG TERM CARE FACILITIES**

This form is to be used when you are evacuating patients/residents from your facility.

## Evacuating Facility Information

<table>
<thead>
<tr>
<th>Name of Your Facility:</th>
<th>Facility Phone Number:</th>
<th>Facility Type:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Facility Contact:</th>
<th>Contact Phone Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(24 Hour)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Email:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

## Total Number of Residents:

<table>
<thead>
<tr>
<th>Number of Residents that will go to family:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Number who cannot be evacuated and will shelter in place with care givers:</th>
</tr>
</thead>
</table>

**TOTAL Number of Residents Requiring Evacuation:**

| 0 |

## Evacuation Transportation

<table>
<thead>
<tr>
<th>Number Requiring Ambulance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number Requiring Ambulance and SNF care</td>
</tr>
<tr>
<td>Number Requiring Ambulance and Acute Care Hospital</td>
</tr>
</tbody>
</table>

**TOTAL**

| 0 |
Receiving Facility Form

RECEIVING FACILITY FORM FOR LONG TERM CARE FACILITIES

This form is to be used when you are receiving evacuated patients/residents from another facility.

RECEIVING FACILITY INFORMATION

Name of Your Facility: ________________________________ Facility Phone Number: ________________ Facility Type: _________

Facility Contact: ________________________________

(24 Hour) Contact Phone Number: ________________

Email: _______________________________________

List the number of beds available to receive evacuated patients below

Number of Licensed Beds:

Number of Current Residents:

Number of empty beds your facility currently has available

Hospital Beds Available:

Larger Size Beds Available (e.g. bariatric beds):
## Exercise Timeline:
Receive call from PHD Operations Center

<table>
<thead>
<tr>
<th>Time</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>10:30</td>
<td><strong>PHD Operations Center</strong> calls all SNF's to determine any damage and ability to accept patients from the evacuating SNF's. <strong>No-Action.</strong></td>
</tr>
<tr>
<td></td>
<td>→ <strong>Receive call from PHD Operations Center asking for status and ability to accept patients.</strong></td>
</tr>
<tr>
<td></td>
<td>→ <strong>Provide status that you are “fully operational.”</strong></td>
</tr>
<tr>
<td></td>
<td>→ <strong>Complete Receiving Facility Form</strong></td>
</tr>
<tr>
<td></td>
<td>→ <strong>Provide information</strong> from the form to the PHD Operations Center via telephone. <strong>(# of bus/driver availability)</strong></td>
</tr>
<tr>
<td></td>
<td><strong>(# of licensed beds available)</strong></td>
</tr>
<tr>
<td></td>
<td><strong>(# of beds in surge areas and resources needed to activate surge areas)</strong></td>
</tr>
</tbody>
</table>
### Exercise Schedule: Patient Destinations and Preparing Patients to Evacuate

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>11:00</td>
<td><strong>PHD-Operations-Center</strong> provides evacuating SNF's with list of destinations and bed types.</td>
</tr>
<tr>
<td></td>
<td>• Chose patients' evacuation destinations.</td>
</tr>
<tr>
<td></td>
<td>• Provide list of patient names with patient destinations to PHD-DOC.</td>
</tr>
<tr>
<td></td>
<td>• With staff use checklist or your plan to review how you will ready all patients, prepare patient records, pharmaceuticals, and equipment.</td>
</tr>
<tr>
<td></td>
<td>• Determine disaster tag or facsheet you will use.</td>
</tr>
<tr>
<td></td>
<td>• Locate evacuation wristbands provided by PHD.</td>
</tr>
<tr>
<td></td>
<td>• Determine how names will be inserted, and place on &quot;patients&quot; and DME.</td>
</tr>
<tr>
<td></td>
<td>• Receive call from PHD-DOC notifying of need to use licensed or surge beds for evacuees.</td>
</tr>
<tr>
<td></td>
<td>• Mock call to CDPH Licensing and Certification in order to use surge areas.</td>
</tr>
<tr>
<td></td>
<td>• Prepare to receive patients.</td>
</tr>
<tr>
<td></td>
<td>• Locate extra beds/cots/supplies.</td>
</tr>
<tr>
<td></td>
<td>• Review Receiving Facility Checklist or your receiving plan with your staff.</td>
</tr>
<tr>
<td></td>
<td>• No Action.</td>
</tr>
<tr>
<td></td>
<td><strong>DOC/EMSA staff</strong> calls transport agencies to determine transport availability.</td>
</tr>
<tr>
<td></td>
<td>• No Action.</td>
</tr>
</tbody>
</table>
Transportation

- PHD Department Operations Center will call their commercial transport vendors in the exercise (Easy Lift, SMOOTH, Airbus, etc.)

- In real event SNF may call OR PHD DOC may need to manage due to competing requests to transport agencies
Tracking Patients-Evacuating Facilities

- **Determine what form you will use to track your patients:**
  - List of Patients
  - Where they will go—you may need to choose destinations for your patients
  - Who will transport them

- **Provide lists to:**
  - Vehicle drivers-names of passengers, destination, contact phone numbers for destination and evacuating facility
  - PHD/EMS Agency
  - Licensing
## Exercise Schedule

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>11:30</td>
<td>Evacuating SNF receives call from PHD·DOC informing of time of transport· arrival and company.</td>
</tr>
</tbody>
</table>

- Prepare to track driver and phone number on “Evacuating Facility Form”
- Prepare a roster with patient, destination, and transporter on a sheet.
- Copy roster to go to each vehicle·driver to give to facility.

Receive a call confirming number of patients your facility will receive from PHD·DOC.
## Exercise Schedule

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>11:45</td>
<td>PHD-DOC requests copy of sheet with all patient destinations listed.</td>
<td>• Send list of patients, patient destinations, and transporter to PHD-DOC.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• <a href="mailto:Operations.medicalbranch@sbcphd.org">Operations.medicalbranch@sbcphd.org</a> or fax: (805) 681-5142.</td>
</tr>
<tr>
<td>12:00</td>
<td>CAHAN sent confirming end of exercise</td>
<td>Receive and confirm CAHAN. Submit evacuating facility form to:</td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="mailto:Operations.medicalbranch@sbcphd.org">Operations.medicalbranch@sbcphd.org</a> or fax: (805) 681-5142.</td>
</tr>
</tbody>
</table>
Forms to Submit to PHD/EMS Agency at End of Exercise

Evacuating Facility
- Patient Tracking Form (can use roster) and destinations
- Evacuating Facility Assessment Form
- Exercise checklist
- After Action Report
- Please remove any patient information from tracking forms that you submit

Receiving Facility
- Receiving Facility Assessment Form
- Exercise Checklist
- After Action Report
After Action Improvement Plan

<table>
<thead>
<tr>
<th>Issue Identified</th>
<th>Solution</th>
<th>Person Responsible</th>
<th>Due Date</th>
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Improvement Plan Matrix
Evacuating and Receiving Facility Forms

- Evacuating and Receiving Facilities need to complete forms
- Fax or email forms to PHD DOC at end of exercise to receive credit for participation.
Using Forms

7.3 magnitude earthquake struck southern Santa Barbara County at 9:20 a.m.

- There are reports of gas leaks, power outage, and water pipes bursting.
- Your facility needs to evacuate immediately.
Evacuation Form

EVACUATING FACILITY FORM FOR LONG TERM CARE FACILITIES
This form is to be used when you are evacuating patients/residents from your facility

EVACUATING FACILITY INFORMATION
Name of Your Facility: __________________ Facility Phone Number: __________________ Facility Type: __________________

Facility Contact: __________________ Contact Phone Number: __________________ (24 Hour)

Email: __________________

Total Number of Residents: __________

Number of Residents that will go to family: __________

Number who cannot be evacuated and will shelter in place with care givers: __________

TOTAL Number of Residents Requiring Evacuation: 0

EVACUATION TRANSPORTATION
Number Requiring Ambulance

Number Requiring Ambulance and SNF care: __________

Number Requiring Ambulance and Acute Care Hospital: __________

TOTAL 0
Receiving Facility Form

RECEIVING FACILITY FORM FOR LONG TERM CARE FACILITIES
This form is to be used when you are receiving evacuated patients/residents from another facility.

RECEIVING FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Your Facility:</th>
<th>Facility Phone Number:</th>
<th>Facility Type:</th>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>Facility Contact:</th>
<th>Contact Phone Number: (24 Hour)</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Email:</th>
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</table>

List the number of beds available to receive evacuated patients below

<table>
<thead>
<tr>
<th>Number of Licensed Beds:</th>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>Number of Current Residents:</th>
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<tbody>
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</table>

Number of empty beds your facility currently has available

<table>
<thead>
<tr>
<th>Hospital Beds Available:</th>
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<table>
<thead>
<tr>
<th>Larger Size Beds Available (e.g. bariatric beds):</th>
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<table>
<thead>
<tr>
<th>Care Facility Beds Available:</th>
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<table>
<thead>
<tr>
<th>TOTAL: 0</th>
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How to conduct a Full Scale Exercise
What is a Full Scale Exercise?

We will help you understand how to do a full-scale exercise!

- Activating plans
- Moving people and equipment
- Staff participation to demonstrate knowledge of emergency procedures
Evacuating Facility: Full Scale Exercise

A full scale exercise could include:

- Assign staff to roles
- Simulate patients
- Simulate collecting medical records
- Simulate collecting pharmaceuticals.
- Staging patients and assigning staff to travel with patients
Simulating residents

- Use wheelchairs, walkers, or folding chairs to simulate patients and their location.
- Real residents can volunteer to participate and be used instead of wheelchairs/walkers/chairs.
Simulating Residents

- Tape or attach Disaster Tag and Facesheet to the chair/walker
- “Resident #1”
- “Resident #2”
- “Resident #3”
Use Evacuation Wristbands for your “Residents”

- Locate the evacuation wristbands box and bring them to the area where you are preparing patients for evacuation.
- Use only 2-3 evacuation wristbands as there are limited quantities.

<table>
<thead>
<tr>
<th>Jewel Color Code</th>
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<tbody>
<tr>
<td>BLUE- Memory Loss</td>
</tr>
<tr>
<td>PURPLE- DNR</td>
</tr>
<tr>
<td>RED- Allergy</td>
</tr>
<tr>
<td>YELLOW- Fall Risk</td>
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</tbody>
</table>
Simulating Medical Records

- Staff should demonstrate they know how to produce and collect records for evacuation according to your plan.
- Mock a medical record by placing a colored sheet labeled:
  - “Resident #1 medical record”
  - “Resident #2 medical record” (etc)
- Place records in the appropriate area for staff to pick up.
Simulating Resident Medications

- Staff should demonstrate that they can collect, organize, and store medications for evacuations according to your plan.
- Mock patient medications by placing a colored sheet labeled “Resident #1 medication” (etc) in appropriate area for staff to pick up.
- Locate coolers/insulated bags for medications and bring to patient staging area.
- Organize patient medications by destination.
Simulating Residents Personal Belongings & other Medical Equipment

- Provide bags to be labeled by staff for each patient to be evacuated.
- Staff should pretend to collect belongings and place with “Patient #1”, “Patient #2”, etc.
- Personal bags can be boxed together by patient destination.
Resident #1 and Resident #2
Receiving Facility

A full scale exercise could include:

- Assign staff to roles
- Simulate patients with paperwork staged as if they arrived at your door.
- Staff set up surge areas and identify available licensed beds
- Staff receive “residents” - complete the evacuation tracking form, check off all items received
- “Residents” moved to surge areas or beds.
Receiving Facility: Simulating residents

- Use wheelchairs, walkers, or folding chairs to simulate patients who are arriving.
- Create a patient packet to be used in the exercise with:
  - Resident disaster tag form
  - “Medications Resident #1”
  - “Medical Resident Patient #1”
  - “Belongings Resident #1”
- Real residents can volunteer to participate and be used instead of wheelchairs/walkers/chairs.
- Tape the disaster tag to the chair. Place the other forms on the chair.
- Place chairs at your receiving area (entrance to your building) ready for your staff to “receive” residents.
Prepare your facility to receive residents

- Staff set up staging area with cones and caution tape, or other method to designate area for transportation drop off only.
- Set up cots and designate the regular SNF beds that will be used for receiving patients
Receive Evacuees

- Greet patients and transport to assigned bed or cot.
- Review and complete arrival section of each patient’s evacuation tracking form.
- Verify each person’s records, meds, belongings, and equipment have been received.
- Place “medication” form and “patient record” form in the correct location in your SNF.
- Complete any necessary admission forms and inventory of any patient items received.
Let’s Practice

- Evacuating Facility Groups: Assign an administrator
  - Find your patients and prepare them to evacuate.

- Receiving Facility Group: Assign an administrator
  - Set up your surge area and get ready to receive patients.
Final Questions

- Ask questions regarding forms and exercise
Wrap Up & Next Steps

- Review of the pre-test
- What do we need to change or clarify before the exercise?
- Training is recorded and available for you and your staff to review. Link will be emailed to you.
- Pre-exercise teleconference in April
- Please complete and turn in the evaluation
- **After Action Teleconference /Time TBD**
- **CEU certificates available today**
Thank You!

You’re the best.

Thank you.