

RHC Emergency Preparedness Workshop

SESSION 2: Severe Weather Exercise
How do I conduct my own TTX?

IRHA Annual Conference

June 14, 2022

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inQuiseek
Consulting



Most Common Natural Disasters and Weather-Related Events in Oregon

Source: <https://www.oregon.gov/OEM/hazardsprep/Pages/Hazards-in-Oregon.aspx>

Should these threats be on your risk assessment? What else?

1. Extreme Temperatures
2. Flooding
3. Winter Storms
4. Tsunami
5. Earthquakes
6. Volcanos
7. Power/Utility Outages
8. Fires/Wildfire



Criteria and Definitions for Watch/Warning/Advisory Products Issued by NWS IND**

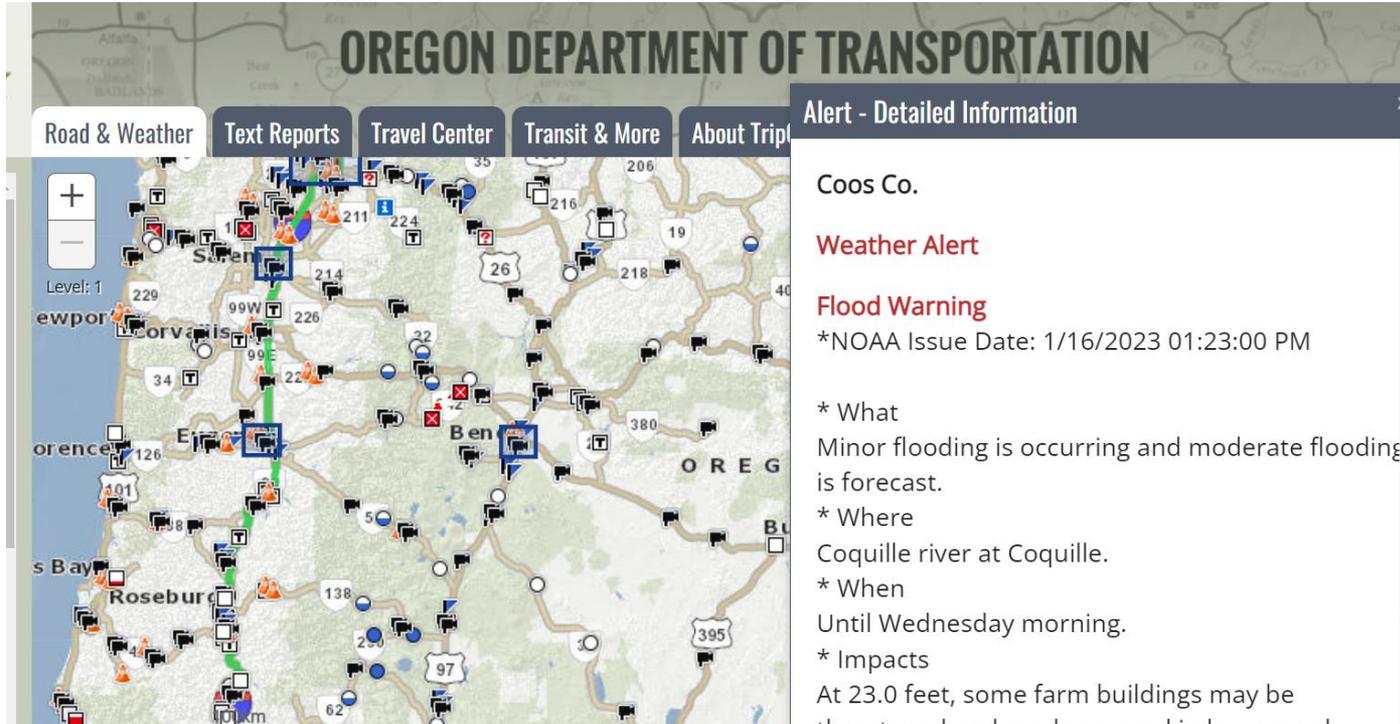
Event	Advisory Criteria	Warning Criteria
Snow	3-5" of snow expected (Optional for 2-4")	6" of snow in 12 hours or 8" of snow in 24 hours
Blizzard	N/A	Sustained wind or frequent gusts to 35 miles an hour or greater; and considerable falling and/or blowing snow (i.e., reducing visibility frequently to less than one quarter of a mile).
Sleet	1-2" of sleet expected	2" or more of sleet expected
Freezing Rain/Ice	Less than one-quarter of an inch of ice expected	a quarter of an inch or more of ice expected
Wind	Sustained winds of 30 mph or more, and/or gusts of 45 mph or higher	Sustained winds of 40 mph or more, and/or gusts of 58 mph or higher
Wind Chill	-15 degrees to -24 degrees expected	-25 degrees or colder expected
Heat	Heat index of 105 degrees expected	Heat index of 110 degrees expected
Frost	Widespread frost expected (usually 33-36 degree temps) during growing season	N/A
Freeze	N/A	32 degree or colder temperatures expected during growing season
Thunderstorm	N/A	58 mph winds or higher, 1" diameter hail or larger
Tornado	N/A	Tornado observed/indicated on radar or expected to form

**The NWS is transitioning to impact based watches and warnings. This means the criteria are just one component for issuing watches, warnings and advisories (WWA). The NWS will also look at timing, impacts and duration of an event in addition to criteria for making WWA decisions.

Source: National Weather Service via <https://www.weather.gov/ind/criteria>

Weather and Travel Advisories/Alerts

<https://tripcheck.com/>



OREGON DEPARTMENT OF TRANSPORTATION

Road & Weather | Text Reports | Travel Center | Transit & More | About Trips

Alert - Detailed Information

Coos Co.

Weather Alert

Flood Warning

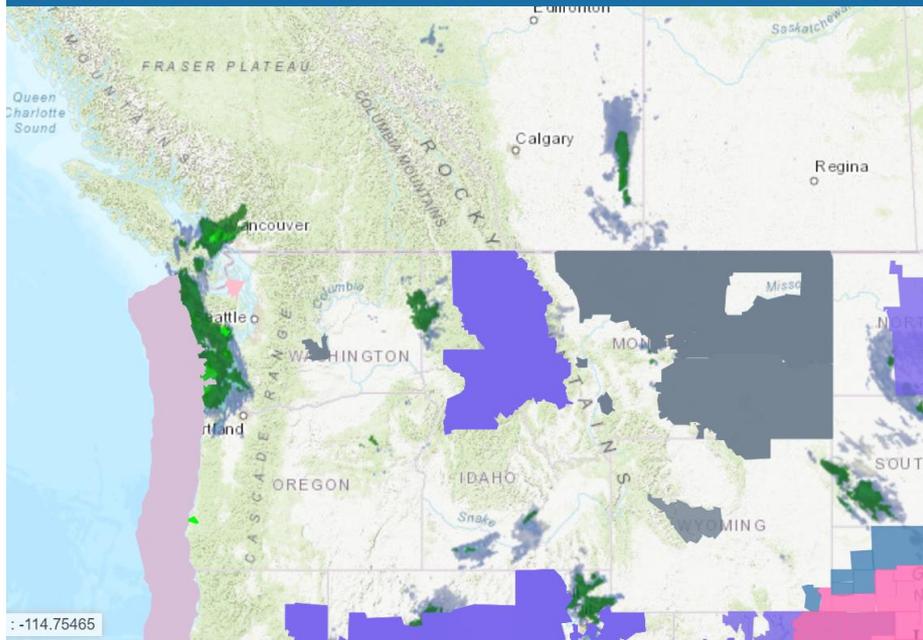
*NOAA Issue Date: 1/16/2023 01:23:00 PM

* What
Minor flooding is occurring and moderate flooding is forecast.

* Where
Coquille river at Coquille.

* When
Until Wednesday morning.

* Impacts
At 23.0 feet, some farm buildings may be at risk.



Overlays

Layers Observations Boundaries Legend

- NWS Hazards & Warnings**
Updated: Mon Jan 16, 2023 8:16 PM CST
Display: All Hazards & Warnings
Opacity:
Layer automatically refreshes every 15 min.
- NWS Radar**
Valid: Mon Jan 16, 2023 8:11 PM CST
- NWS Forecasts**
Layer Not Loaded
- Precipitation Analysis**
Valid: Mon Jan 16, 2023 8:10 PM CST
- Wildfire Information**
Layer Not Loaded

All Current & Historical Fire Perimeters

Weather and Travel Advisories/Alerts

<https://www.weather.gov/pqr/>

Flood Warning

Flood Warning

National Weather Service Medford OR

123 PM PST Mon Jan 16 2023

...Forecast flooding changed from Minor to Moderate severity and increased in duration for the following rivers in Oregon...

Coquille River at Coquille affecting Coos County.

For the Coquille River...including Coquille...Moderate flooding is forecast to begin shortly.

PRECAUTIONARY/PREPAREDNESS ACTIONS...

Caution is urged when walking near riverbanks.

Be especially cautious at night when it is harder to recognize the dangers of flooding.

Additional information is available at www.weather.gov.

The next statement will be issued this evening at 730 PM PST.

<https://www.ncdc.noaa.gov/stormevents/>

Storm Events Database

Data available from 01/1950 to 09/2022.

Select the year 'Any' to search across all years in the database for the selected day and month range.

State/Area: Oregon

Begin Date: 09 / 01 / 2021

End Date: 09 / 30 / 2022

County:

- All --
- Baker
- Benton
- Clackamas
- Clatsop
- Columbia
- Coos
- Cook

Event Type(s):

- All Events --
- Astronomical Low Tide
- Avalanche
- Blizzard
- Coastal Flood
- Cold/Wind Chill
- Debris Flow
- Dense Fog
- Dense Smoke
- Drought
- Dust Devil
- Dust Storm
- Excessive Heat
- Extreme Cold/Wind Chill
- Flash Flood

History of Winter Storms in Oregon during 2022



NOAA NATIONAL CENTERS FOR ENVIRONMENTAL INFORMATION
NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION



[Home](#) [Contact Us](#) [About NCEI](#) [Help](#)

NCEI > Storm Events Database (Select State) > (Select Date/County/Event)

Storm Events Database

Data Access

- [Search](#)
- [Bulk Data Download \(CSV\)](#)
- [Storm Data Publication](#)

Documentation

- [Database Details](#)
- [Version History](#)
- [Storm Data FAQ](#)
- [NOAA's NWS Documentation](#)
- [Tornado EF Scale](#)

External Resources

- [NOAA's SPC Reports](#)
- [NOAA's SPC WCM Page](#)
- [NOAA's NWS Damage Assessment Toolkit](#)
- [NOAA's Tsunami Database](#)
- [ESRI/FEMA Civil Air Patrol Images](#)
- [SHELDIS](#)

Storm Events Database

Search Results for All Counties in Oregon

Event Types: **Winter Storm**

6 events were reported between 01/01/2022 and 03/31/2022 (90 days)

Summary Info:

Number of County/Zone areas affected:	6
Number of Days with Event:	2
Number of Days with Event and Death:	0
Number of Days with Event and Death or Injury:	0
Number of Days with Event and Property Damage:	0
Number of Days with Event and Crop Damage:	0
Number of Event Types reported:	1

<u>Location</u>	<u>County/Zone</u>	<u>St.</u>	<u>Date</u>	<u>Time</u>	<u>T.Z.</u>	<u>Type</u>	<u>Me</u>
Totals:							
<u>CENTRAL & EASTERN LAKE C...</u>	CENTRAL & EASTERN LAKE C...	OR	01/02/2022	14:04	PST-8	Winter Storm	
<u>SISKIYOU MOUNTAINS & SOU...</u>	SISKIYOU MOUNTAINS & SOU...	OR	01/02/2022	22:40	PST-8	Winter Storm	
<u>WESTERN COLUMBIA RIVER G...</u>	WESTERN COLUMBIA RIVER G...	OR	01/02/2022	23:00	PST-8	Winter Storm	
<u>SOUTH CENTRAL OREGON CAS...</u>	SOUTH CENTRAL OREGON CAS...	OR	01/03/2022	07:00	PST-8	Winter Storm	
<u>NORTHERN & EASTERN KLAMA...</u>	NORTHERN & EASTERN KLAMA...	OR	01/03/2022	09:01	PST-8	Winter Storm	
<u>KLAMATH BASIN (ZONE)</u>	KLAMATH BASIN (ZONE)	OR	01/03/2022	09:36	PST-8	Winter Storm	
Totals:							

Use this site to document weather warnings and watches when you are creating your EPP activation reports.



Today's Workshop Exercise
Severe Winter Weather



Emergency Scenario

A series of winter storms forecasted across multiple counties statewide within the next 36-48 hours. The first line of the storms will bring rain which is expected to turn into freezing rain or sleet as temperatures plummet. Temperatures will fall at or below freezing as the storms transition to snow by the second day. Ice accumulation and snowfall amounts could have significant accumulation within the 48-hour period. Winds may also strengthen resulting in blowing or drifting snow. Road conditions are expected to deteriorate due to ice and snow. Expect road closures as the storms intensify. The possibility of downed power lines and disruption of utilities could be expected in the forecast area due to high winds, ice, sleet and snow. A freeze warning is also expected to be issued.



Group Discussion of the Scenario and Completion
of the Exercise Template By Individuals

Severe Winter Weather Tabletop or Workshop Exercise Tool

Instructions: Use this tool to conduct a Severe Winter Weather TTX or workshop event. Use the tool to help brainstorm and discuss how severe winter weather could impact your facility. From the discussion, develop and test an emergency response plan for this event. Review your most recent EPP documents to determine if the existing plan requires revision based on the findings of this exercise.

Facility Name: _____

Address: _____

County: _____

City, State, Zip: _____

Exercise Date: _____ Start Time _____ Stop Time _____

Leader/Facilitator: _____

Participants

(Print names and/or obtain a sign in sheet.)

<u>Name</u>	<u>Role/Position</u>	<u>Department</u>
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Describe the testing Scenario:

You could use this tool for any tabletop exercise. You would describe the situation or event here and revise the form for that emergency response.

Weather Conditions for Exercise
Check all that apply

Severe Winter Weather

- | | | |
|----------------------------------------------------|---------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Freezing Temperatures | <input type="checkbox"/> Snow | <input type="checkbox"/> Sleet/Freezing Rain |
| <input type="checkbox"/> Sub-Freezing Temperatures | <input type="checkbox"/> Ice Accumulation | |
| <input type="checkbox"/> Blizzard Conditions | <input type="checkbox"/> Blowing Snow/Snow Drifts | |

Description of Overall Weather Conditions: _____

Emergency Conditions Which Might Impact the Facility

How would you know to activate this emergency activation? Check all that would apply

- After receiving an alert from a source such as the National Weather Service, Local Media, a state agency or other trusted source.
- After receiving direction or a mandate from a local or state agency.
- After receiving direction from the facility or parent hospital's leadership or management.
- After the clinic administrator/manager or provider on duty make the decision.

With whom would you communicate and how? Who would be in charge?

- We would use the current communication plan in our EPP and follow the order of delegation in the EPP.
- Staff would be notified using the call tree or in person if the plan is activated while the clinic is open.
- Patients will be notified by: _____
- Some other way: _____
- Someone other than an individual listed as a delegate will be in charge:
Name: _____ Role: _____

Local, county or state officials will be notified if services are impacted or if assistance is needed during the activation. Refer to EPP for contact information or the communication plan.

What will you need to do to prepare your building and parking lot for the emergency?

I. Physical Plant and Equipment

Salting or Sanding of parking lots, ramps, sidewalks _____

Winterize plumbing _____

Service or test generators or back-up power sources _____

Other: _____

NONE

What will you need to do if there is a disruption to the way healthcare services are delivered during this emergency? What could cause a disruption of services or change the way you perform services?

II. Provision of Services

- Delayed Opening of Facility
- Partial Closure of Services or Departments
- Temporary Closure of Facility

Other factors which might impact the provision of services:

- Providers Storage Nursing Staff Shortage Other Staff Shortage
- Roads impassable/closed Loss of Power Loss of Water
- Loss of Internet Service Supply Chain Disruption Damage to Building
- Loss of Access to EHR/Patient Records Loss of Telephone
- Providers and Staff Transported to Work by Law Enforcement/4WD vehicles
- Providers and Clinical Staff reassigned to another facility or location.
- NONE

How could this emergency impact patient care and the medical management of patients?

III. Patient Care

How could patient care and medical management be impacted? (Discuss and document key points.)

What actions would you take or need to take? Discuss the scenario as a group.

- Telehealth/Telephone Services
- Communication with Patients via social media, local media, phone messages.
- Rescheduled patients Patients were referred to Emergency Department
- Patients transferred or received to/from other facilities
- Law enforcement well checks Home visits Late Opening
- Coordination with other providers and facilities
- Providers and staff worked longer shifts or sheltered at the facility.
- Coordination with law enforcement, first responders, and agencies

Describe specific actions that you would or could take:

Homebound Patients/Patients Using Medical Equipment

Would you need to contact homebound patients known to be using on medical equipment requiring continued power? Would you coordinate with home health agencies, family members or other community stakeholders? Were any measures taken to provide alternative care or to relocate patients? (Describe)

Not expected to require action by the facility.

Would you use Volunteers during this type of emergency?

IV. Use of Volunteers

Volunteers could be used. Describe how volunteers would be used: _____

No Volunteers Would be used.

How will you ensure that Drugs and Vaccines are stored without a change in temperature or storage conditions?

V. Drugs and Vaccines

Drugs and vaccines would be moved to alternate location

Location: _____

This Location was the one listed in current EPP

This location is not listed in the current EPP Location

Temperature monitoring will be able to be maintained during the emergency.

Temperature monitoring will NOT be able to be maintained during the emergency or it is possible that monitoring will not be reliable.

Drugs and Vaccines will need to be evaluated to determine if they need to be properly discarded after the emergency ends. By whom: _____

Explain how drugs and vaccines will stored and safeguarded during the emergency activation:

What will you do to monitor public utilities and respond if there is a loss of power, internet, or other utility service to the facility?

VI. Water Supply

Water would probably not be disrupted/NA

Water supply could be compromised or restricted. Discuss and check all possible impacts.

Frozen pipes

Broken pipes

No water

Water turned off at facility

Water supply/system failure

Boil advisory could be issued

VII. Other Utility and Communication Services

ELECTRICITY

- Power could be lost during this emergency.
- Power would probably NOT be lost during this emergency
- A backup generator or alternative power source is available.
- Longest expected period of power disruption: _____

Actions that would be taken if the power was disrupted:

INTERNET

- Internet service could be lost or disrupted during this emergency.
- Internet service probably would NOT be lost or disrupted during this emergency.

Actions that would be taken while the internet service is down:

- Use paper forms to register patients and obtain consent.
- Use paper notes for clinical documentation.
- Contact the hospital or other providers to obtain patient information.
- Other actions for the continuation of healthcare delivery:

GAS

Gas service could be lost or disrupted during this emergency.

Gas service not lost/NA

Natural Gas

Propane

None

Actions that would be taken if gas service were disrupted:

PHONE

Phone service could be lost during this emergency (landline, voice over internet, cell)

Phone service would probably NOT be lost during this emergency.

Alternative communication methods that could be used in this emergency:

Cell phones

Radios

Other

Actions that would be taken if phone service was disrupted:

What would you need to do to ensure that the facility was ready to be reopened or to resume full services after the emergency?

- Check the building, parking lot and campus for storm damage. Make necessary repairs.
- Have administrative approval if required.
- Have local or county officials approve reopening if required.
- Verify the integrity of drug, vaccines and supplies if there was a disruption of power. Discard drugs or label for disposal prior to reopening.
- Verify that remaining inventory is available and ready for use.
- Test all electronic and hardware/software systems
- Notify staff of reopening plan or restoration of full-service provision
- Notify patients of reopening plan
- Other: _____

EPP Response Analyzed at End of Exercise

Prepare additional After-Action report or document staff education.

Review the current response actions in the most recently approved EPP. Compare that response to the information discussed and decided during the testing exercise. Based on the exercise, determine if the current response plan for severe winter weather requires any revision or updates.

What needs to be added to the EPP for this hazard or event:

What needs to be removed or revised in the EPP based on this exercise?

No Revisions to EPP required based on this exercise.

Date EPP Reviewed: _____

Date EPP Revised: _____

Date key staff briefed on after action report: _____

Date that providers, ~~employees~~ and staff were retrained on EPP: _____

Other Comments: _____

Name of Person completing this report: _____

Title of Person completing this report: _____

Date Report completed: _____

Signature: _____

Provider and Staff Educational Meeting Held: _____

Sign In sheet completed

Instructions: Conduct a staff training to discuss the details of the exercise. If only one facility representative participated in the tabletop or workshop, you should disseminate the information learned from the exercise and train the staff on the outcomes. Obtain signatures of all providers and staff to document attendance of meeting. ,

Questions?

In Session 3, we will discuss how to prepare the After-Action Report and Train Staff After an Exercise.

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Patty Harper is CEO of InQuiseek Consulting, a healthcare consulting company based in Louisiana. She has over 24 years of healthcare experience in the areas of healthcare finance & reimbursement, health information management, compliance, and practice management. She began her healthcare career as a hospital controller and reimbursement analyst. Patty holds a B.S. in Health Information Administration (cum laude) from Louisiana Tech University. She is credentialed through AHIMA as a RHIA, CHTS-IM, and CHTS-PW. Patty successfully completed AHIMA's ICD-10 Academy and has previously been recognized as an ICD-10 Trainer. She is also Certified in Healthcare Compliance (CHC®) thorough the Compliance Certification Board. Patty is a frequent speaker and contributor for national, state and regional and rural healthcare associations on these and other reimbursement-related topics. Patty currently serves on the Board of NARHC.

