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| ***Drill Name: 2018 SWMHE Functional Exercise******Drill Date: November 15, 2018*** | ***Organization/Jurisdiction:*** | ***Venue:*** |
| **--- Clinics, Dialysis, & Surgical Center (CDSC) Providers Capabilities & Objectives ---** ***Health Care Preparedness and Response Capability 2: Health Care and Medical Response and Recovery Coordination**** Objective 1 – Maintain awareness of the common operating picture by gathering and sharing real-time information related to the  emergency, the current state of the health care delivery system, and situational awareness through coordination with their  local jurisdiction emergency management and local Health Care Coalition partners.
* Objective 2 – Activate the Incident Command System (ICS) and the facility Command Center (if applicable) within 45 minutes of incident  notification, to provide a structured and successful emergency response.

***Health Care Preparedness and Response Capability (HCPRC) 3: Continuity of Health Care Service Delivery*** * Objective 1 – Determine the center’s priorities for ensuring key functions are maintained throughout the emergency, including the provision  of care to existing and new patients within 30 minutes.
* Objective 2 – Ensure processes and procedures are in place throughout response to provide the following to all clinical and non-clinical  staff and their families: appropriate Personal Protective Equipment (PPE), and other interventions specific to the emergency  to protect health care workers from illness or injury.

***Health Care Preparedness and Response Capability (HCPRC) 4: Medical Surge*** * Objective 1 – Prepare for medical surge operations by activating appropriate plans (e.g., Medical Surge Plan, Pandemic Plan, Mass  Casualty Plan, etc.) for all levels of care and populations, and ensure all personnel have been trained in their use.
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| Clinics, Dialysis, and Surgical Center Based Objectives |
| **Drill Objective** | **Associated Critical Tasks** | **Observation Notes and** **Explanation of Rating** | **Target Rating** |
| **HCPR, Cap 2, Obj. 1**Maintain awareness of the common operating picture by gathering and sharing real-time information related to the emergency, the current state of the health care delivery system, and situational awareness through coordination with their local jurisdiction emergency management and local Health Care Coalition partners. | * Develop information sharing procedures specific to the incident response and document these procedures for clinic staff within 30 minutes of incident notification
* Identify and document information access and data protection procedures within 45 minutes of incident notification
* Utilize and test redundant communication systems such as email, fax, phone, etc. to notify city jurisdiction (SimCell) and/or other response partners of the center’s status and resource needs if any, within 60 minutes.
* Coordinate and document response strategies and resource availability and needs to city jurisdiction (SimCell) within 60 minutes utilizing the Sit-Stat form.
* Complete and submit confidential reports of suspected cases of novel virus to Orange County Health Care Agency Epidemiology.
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| **HCPR, Cap 2, Obj. 2**Activate the Incident Command System (ICS) and the facility Command Center (if applicable) within 45 minutes of incident notification, to provide a structured and successful emergency response. | * Identify immediate resource needs for the next operational period and communicate them to the EMS DOC within 45 minutes
* Initiate and coordinate Incident Action Planning by conducting a briefing for all staff and beginning to compile an Incident Action Plan (IAP) within 60 minutes
* Communicate with clinical and non-clinical staff, to notify them of Command Center activation and incident response strategies, as appropriate, within 30 minutes of activation
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| **HCPR, Cap 3, Obj. 1**Determine the center’s priorities for ensuring key functions are maintained throughout the emergency, including the provision of care to existing and new patients within 30 minutes.  | * Determine those services that are critical to patient care and those that could be suspended or transferred to a different facility and report back to the Command Center within 45 minutes
* Activate the facility’s Emergency Operations Plan (EOP) and notify all staff of plan activation within 30 minutes
* Ensure the provision of continued staff and resources for Administrative and Finance functions throughout response
* Consider the need for patient screening, patient referral or closure and notify staff within 15 minutes of the decision to initiate any such actions.
* Activate Continuity of Operations Plans (COOP) where applicable and include COOP status updates within staff briefings and operational objectives
* Put in place succession planning to maintain operations if primary positions become vacant due to the implications of the event
* Ensure that business operations are sustainable for a potentially long-term event, and identify strategies for sustainability in a long-term recovery plan and/or objectives
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| **HCPR, Cap 3, Obj. 2**Ensure processes and procedures are in place throughout response to provide the following to all clinical and non-clinical staff and their families: appropriate Personal Protective Equipment (PPE), and other interventions specific to the emergency to protect health care workers from illness or injury. | * Conduct a safety briefing within 60 minutes of incident notification that addresses the availability and appropriate use of PPE and other available resources
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| **HCPR, Cap 4, Obj. 1**Prepare for medical surge operations by activating appropriate plans (e.g., Medical Surge Plan, Pandemic Plan, Mass Casualty Plan, etc.) for all levels of care and populations, and ensure all personnel have been trained in their use. | * Activate any medical surge and/or pandemic procedures in the clinic’s Emergency Operations Plan
* Assign present staff roles and responsibilities in preparing the clinic to receive a surge of patients, such as treatment area setup, provision of additional resources, and space re-allocation within the clinic
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|  |  | **Final Core Capability Rating** |  |

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| **Ratings Key** |
| P – Performed without ChallengesS – Performed with Some ChallengesM – Performed with Major ChallengesU – Unable to be Performed  |

Evaluator Name

Evaluator E-mail

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## Ratings Definitions

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| **Performed without Challenges (P)** | The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws. |
| **Performed with Some Challenges (S)** | The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws. However, opportunities to enhance effectiveness and/or efficiency were identified. |
| **Performed with Major Challenges (M)** | The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s), but some or all of the following were observed: demonstrated performance had a negative impact on the performance of other activities; contributed to additional health and/or safety risks for the public or for emergency workers; and/or was not conducted in accordance with applicable plans, policies, procedures, regulations, and laws. |
| **Unable to be Performed (U)** | The targets and critical tasks associated with the core capability were not performed in a manner that achieved the objective(s). |