

## 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:

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**Weather Conditions for Exercise**  
**Check all that apply**

**Severe Winter Weather**

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|--|---|--|
| <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: \_\_\_\_\_

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**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.)

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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:

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### 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)

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- 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:

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**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 to for continuation of healthcare delivery:

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**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:

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### 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:

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### **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:

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

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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 or 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.