



ShakeOut Exercise Manual For Healthcare Organizations

Are You Ready to ShakeOut?

Great ShakeOut Earthquake Drills provide an annual opportunity for healthcare organizations and facilities to practice earthquake safety and other aspects of emergency planning along with millions of others across the United States and worldwide. To register as a ShakeOut participant, visit www.ShakeOut.org and sign up for the drill in your state or region. Healthcare organizations of all sizes can use the drill to get their staff, volunteers, partners, and even their patients/residents, involved and prepared for being safe during earthquakes, and ready to provide services afterwards. Furthermore, the level of your employee’s personal and family preparedness will be key to their availability to support your organization’s response and recovery efforts after a disaster.

The following drill and exercise guidelines provide three options that healthcare organizations can organize. Each drill uses the general earthquake response of *Drop, Cover, and Hold On* (www.EarthquakeCountry.org/step5) as its foundation. Level 2 and Level 3 exercises may meet the guidelines of the CMS Emergency Preparedness Rule.

Additional resources and links are available at www.ShakeOut.org/healthcare.

Overview of CMS Emergency Preparedness Rule for HealthCare Facilities.....Page 2

Level 1 – Simple: Drop, Cover, and Hold On Drill Page 4

This drill uses simple steps to inform all staff how to perform *Drop, Cover, and Hold On* - a quake-safe action designed to protect lives from falling furniture and flying objects than can become projectiles during ground shaking.

Level 2 – Intermediate: Discussion-Based, Decision-Making Tabletop Exercise Page 5

This discussion-based, decision-making exercise is designed to have key staff and leaders think through more complex issues related to operations in the immediate aftermath of this earthquake, then afterwards to review and discuss what worked or what did not, in order to make changes for the next exercise or actual earthquake.

Level 3 – Advanced: Functional Exercise..... Page 8

This operations-based exercise tests command and control during a major earthquake including emergency response and/or recovery duties in your Emergency Operations Plan. The exercise incorporates simulated incidents, decision-making, and policies tested, and then a review afterwards to discuss what worked or what did not in order to develop an After Action Report and Improvement Plan to help make changes for the next earthquake or exercise.



CMS Emergency Preparedness Rule¹

“On September 8, 2016 the Federal Register posted the final rule Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers. The regulation goes into effect on November 16, 2016. Health care providers and suppliers affected by this rule must comply and implement all regulations one year after the effective date, on November 15, 2017. The rule has been revised as of February 21st, 2020. ”

This rule [42CFR 491.12] **applies to 17 provider and supplier types:**

- Hospitals
- Religious Nonmedical Health Care Institutions (RNHCIs)
- Ambulatory Surgical Centers (ASCs)
- Hospices
- Psychiatric Residential Treatment Facilities (PRTFs)
- All-Inclusive Care for the Elderly (PACE)
- Transplant Centers
- Long-Term Care (LTC) Facilities
- Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)
- Home Health Agencies (HHAs)
- Comprehensive Outpatient Rehabilitation Facilities (CORFs)
- Critical Access Hospitals (CAHs)
- Clinics, Rehabilitation Agencies, and Public Health Agencies as Providers of Outpatient Physical Therapy and Speech-Language Pathology Services
- Community Mental Health Centers (CMHCs)
- Organ Procurement Organizations (OPOs)
- Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs)
- End-Stage Renal Disease (ESRD) Facilities

CMS Emergency Preparedness 4 - **Core Requirements:**²

1. Develop Emergency Plans based on a Risk Assessment
2. Develop Policies and Procedures
3. Create Communications Plan
4. Conduct Training and Plan Testing

CMS Training and Plan Testing Requirements

Must conduct and document annual training and test plans with 2 exercises annually

- a) **Training:** Conduct and document initial and annual training on your emergency preparedness policies and procedures to all staff, participants, volunteers, and contractors;
- b) **Exercises:** Must conduct and document two exercises annually:

¹ <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Emergency-Prep-Rule.html>

² <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Core-EP-Rule-Elements.html>



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- a. One must be a community³-based CMS Defined Full-Scale Exercise;
- b. The other exercise can be a second Full-Scale or Tabletop Exercise.

CMS Definition of a “FULL SCALE EXERCISE”

As the term full-scale exercise may vary by sector, facilities are not required to conduct a full-scale exercise as defined by FEMA or DHS Homeland Security Exercise and Evaluation Program (HSEEP)

Full-scale exercise is defined:

- a) Any operations-based exercise (drill, functional, or full-scale exercise) that assesses a facility’s functional capabilities by simulating a response to an emergency that would impact the facility’s operations and their community
- b) A full-scale exercise is also an operations-based exercise that typically involves multiple agencies, jurisdictions, and disciplines performing functional or operational elements.

Meeting the CMS Exercise Requirement With a Real Emergency Activation

If you have had a real emergency plan activation, then you are excused from the full scale exercise requirement for up to one year after the emergency event. As of March 2019, CMS determined that if you have had two 2 activations, then you are excused from both exercise requirements for that year. You must document all activations with an after action report and improvement plan.

Suggestions for having your Shakeout Exercise Participation Count Towards your CMS Full-Scale Exercise Requirement

- a) Coordinate your ShakeOut Exercise with others in your community.
- b) Physically evacuate your facility.
- c) Activate your Emergency Plan and Incident Command Team at your facility.
- d) Develop your exercise based on your facility type and CMS requirements.
- e) Communicate with the other facilities about the possibility of moving clients/patients/residents to other facilities or accepting clients/patients/residents in your facility.
- f) Evaluate your exercise based on your exercise objectives based on CMS.
- g) Document your exercise and what was noted as improvement items. i.e. After-Action Report

Still have training and exercise questions? Contact Connect Consulting Services, (CCS) at 916-758-3220 or Connect@ConnectConsulting.biz.

CCS is a woman-owned national emergency management and business continuity consulting firm based in Sacramento, CA. CCS has partnered with ShakeOut to update messaging for healthcare organizations, and to deliver a national webinar on August 28, 2019 (visit www.ShakeOut.org/healthcare to view a recording of the webinar).

³ CMS has not defined what “community” is however, “the goal of the provision is to ensure that healthcare providers collaborate with other entities within a given community to promote an integrated response.” Please see the CMS FAQ document.





ShakeOut Exercise Manual For Healthcare Organizations

Level 1 – Simple: Drop, Cover, and Hold On Drill

This drill uses simple steps to inform all staff how to perform *Drop, Cover, and Hold On* – a quake-safe action designed to protect lives from falling furniture and flying objects that can become projectiles during ground shaking.

BEFORE the Drill

1. If you will participate in a ShakeOut drill, register your facility/organization as an official participant at www.ShakeOut.org (make sure to register in your state or region).
2. Inform your employees/staff and volunteers regarding:
 - The date and time of your drill.
 - How to correctly perform *Drop, Cover, and Hold On*, wherever they are.
 - Your expectations for their participation (i.e. *Drop/Cover/Hold On*, gather at a central location for a head count, post-drill discussions).
 - If your drill is part of a ShakeOut, encourage staff, volunteers, etc. to invite friends, families, schools, childcare providers, and neighbors to register at www.ShakeOut.org, in their region, so they participate as well and receive information directly.
3. Inform patients/residents and visitors of the drill.
4. (Optional) Download realistic “drill broadcast” sound effects and safety information to play during from your ShakeOut region’s website on the Resources page.
5. Review facility policies and procedures, and Hospital Incident Command System (HICS) Earthquake and Evacuation Incident Planning Guides and Incident Response Guides available at www.hicscenter.org.
6. If your facility/organization participated in a prior ShakeOut Drill or Exercise, review past After Action Reports and Improvement Plans.

DURING the Drill

1. Via the public announcement (PA) system, email, cell phone/text message, or verbal direction:
 - Announce that the earthquake drill has begun and to *Drop, Cover, and Hold On*.
 - (Optional) Play the audio recording (see above) on your PA or, alternatively, play it on a computer in each office.
 - Suggest that while down on the floor, staff look around at what would be falling on them in a real earthquake. These items should be secured or moved after the drill.
2. After at least one minute, announce that the shaking is over and that staff can stand up again. Thank them for participating.
3. Encourage staff to discuss their experiences with one another.

AFTER the Drill

1. Ask for feedback on how the drill went.
2. Schedule the next drill for one year later (or sooner if staff need to practice).
3. Share photos and stories on the “Share the ShakeOut” page of your region’s ShakeOut website.



4. Review “7 Steps to an Disaster Resilient Workplace” (www.ResilientWorkplace.org) for additional ideas, and encourage staff to prepare at home (www.EarthquakeCountry.org/sevensteps).

Level 2 – Intermediate: Tabletop Exercise

This exercise is a discussion-based exercise for decision-makers to consider how the earthquake would impact your facility/organization and identify plans and policies and procedures to be used during the event. In addition to the Tabletop Exercise, it also includes the brief Level 1 focus drill in terms of the entire facility employee participation in a *Drop, Cover, Hold On* drill.

BEFORE the Exercise

1. If you will participate in a ShakeOut exercise, register your facility/organization as an official participant at www.ShakeOut.org (make sure to register in your state or region).
2. Bring together the Exercise Planning Team to design the exercise.
 - Determine or review your plans, policies and procedures for an earthquake.
3. If your facility/organization participated in a prior ShakeOut Drill or Exercise, review past After Action Reports and Improvement Plans.
4. Determine the exercise objectives.

What would you like your exercise to address? Potential issues to include for discussion:

 - Does the facility/organization have a process to assess damage to facility structure and infrastructure?
 - Does your facility/organization have a cache of basic emergency supplies, including flashlights, batteries, protective gear, food and water, and emergency lighting?
 - Would the facility/organization lose power, water or medical gasses?
 - Does your facility/organization identify areas that would be without power when on emergency generators during a power outage?
 - Does the facility/organization have procedures to establish redundant communications internally and externally?
 - Would facility access be limited?
 - How would transportation be affected?
 - Would transportation issues affect staff patient/resident access?
 - How would you decide evacuation versus shelter-in-place?
 - How and where would you evacuate patients/residents?
 - What type of evacuation equipment does the facility/organization have?
 - Who is trained to use the facility evacuation equipment?
 - How will you direct staff during and immediately following the shaking?
 - Does the facility/organization have procedures to track patients/residents, beds, and staff?
 - Does your facility/organization participate in local community planning.

Consider using the HICS Earthquake and Evacuation Incident Planning Guides to develop objectives which are available at <https://emsa.ca.gov/hospital-incident-command-system-incident-response-guides-2014/>

5. Determine the scope and timeframe of your exercise.

Learn about potential earthquakes for your area and the Exercise Planning Team can use the HICS Earthquake and Evacuation Scenarios available at <https://emsa.ca.gov/hospital-incident-command-system-incident-response-guides-2014/> as a base, or develop your own with specific details of how you might expect the shaking to impact your facility (i.e., the building, operations, service providers, staff, patients/residents, and volunteers).

6. Develop a Situation Manual (SITMAN). Examples are available at <https://preptoolkit.fema.gov/web/hseep-resources>.
7. Finalize the scenario; making sure it supports your exercise objectives.
8. Invite your facility/organization's key decision-makers (Exercise Planning Team, leaders, and key directors and managers) to participate in the exercise. Have staff review appropriate plans and policies and procedures prior to the exercise.
 - If your exercise is part of ShakeOut, encourage staff, volunteers, clients, etc. to invite friends, families, and neighbors to register at www.ShakeOut.org so they participate as well and receive information directly.
8. (Optional) Download realistic "drill broadcast" sound effects and safety information to play during your tabletop exercise from your ShakeOut region's website on the Resources page.
9. Determine the addition of post-shaking evacuation procedures to the exercise, if needed:
 - **Post-Shaking:** Based on the age and type of your building, and the environment inside/outside of building, etc., determine whether your facility/organization would evacuate after a real earthquake, or whether you would first assess *the building's damage* before directing staff to either stay put or evacuate.
 - **Post-Earthquake Tsunami Threat:** If your facility is in a coastal area, consider whether or not you will need to have plans to evacuate to higher ground. More information on tsunami preparedness can be found at <https://www.ready.gov/tsunamis>

The Night BEFORE the Exercise

1. Create a brief written description of the earthquake's impact using your facility along with questions that address the exercise objectives for participants to consider.
 - Tape the earthquake brief under desks and conference tables or provide participants sealed envelopes to open during the exercise.
 - To increase participation, include a surprise under the desk (candy, light stick, lunch coupons, gift cards, etc.) While a serious subject, you can increase numbers by also adding some fun.

DURING the Exercise:

1. Invite your organization's decision-makers (Exercise Planning Team, leaders, and key directors and managers) assemble in a pre-determined room a few minutes before your exercise and share your exercise objectives. When the exercise is announced, tell all participants to also *Drop, Cover, and Hold On*.
2. Via your public announcement system, email, cell phone/text reminder or verbal direction:
 - Announce that the exercise has begun and to *Drop, Cover, and Hold On*.
 - (Optional) Play the audio recording (see above) on your PA.
 - Suggest that while down on the floor, participants and all staff look around at what might fall on them during a real earthquake. Secure or move items after the exercise to prevent injury and damage.
3. After at least one minute, announce that the shaking is over and for everyone to stand up again.
4. In the room with the Tabletop Exercise participants:
 - Have everyone sit back at the table.
 - Provide the exercise Situation Manual.
 - Read your scenario with details of the earthquake impacts.
 - To make the potential impact more vivid, you can show videos of earthquake shaking.

5. Now go around the table to discuss what your facility/organization can expect to happen and decisions that will be made based on the scenario.
 - Try to have the discussion flow in chronological order of what would be the expected activities and priorities in the first minutes, hours, days, etc. following the details of the scenario and brief.
 - However, if all issues are solved within a particular timeframe, move the scenario timeline forward to day/week/month later and begin the discussion again to address new issues.
6. Have someone document the issues, and proposed solutions. Which policy decisions need to be made in advance? What changes in practice are required? What plans, policies and procedures need developed or updated?

AFTER the Exercise

1. For your general staff population, hold hotwash/staff meetings as soon as possible after the *Drop, Cover, and Hold On* focus drill portion to discuss what happened, people's experience during the drill, what they were thinking about, what caused concern, what worked well and what did not work well. Take this opportunity to:
 - Discuss the importance of preparedness at work and at home. (Staff's and volunteers' home/family preparedness will allow them to either stay at work, or return to work more rapidly, to support your organization's mission and recovery).
 - Review post-disaster employee responsibilities.
 - Update emergency contact lists and go over phone tree procedures.
 - Discuss your safety and organization resumption priorities.
 - Discuss staff emergency responsibilities and potential Incident Command roles, e.g., Hospital Incident Command System (HICS) and Nursing Home Command System (NHICS).
 - Share lessons learned from the exercise or real experiences.
 - Listen attentively to staff suggestions.
2. At your management level:
 - Review staff and management emergency responsibilities.
 - Discuss staff notification procedures (e.g. phone tree or mass notification tools) and ensure emergency contacts lists are kept up to date.
 - Review and recommend safety and operations resumption priorities for your Emergency Operations Plan.
3. For the Tabletop Exercise participants, verify whether you met your exercise objectives or not. Discuss what happened regarding people's experience; areas of concern, and what worked well or did not, and then document all comments to officially end the exercise.
4. Determine your next steps and assign people to those tasks to follow-up.
 - Assemble data gathered to develop an After Action Report
 - Develop an Improvement Plan to address areas of improvement.
 - Assign a team to begin reviewing or updating your Emergency Operations Plan and other policies and procedures based on experiences from this exercise.
 - Discuss the importance of preparedness at work and at home encouraging participation.
5. Review "7 Steps to an Disaster Resilient Workplace" which can be found at www.ResilientWorkplace.org for additional ideas.
6. Schedule the next exercise one year from now (or sooner) so staff can practice life safety actions and to exercise the emergency procedures of your Emergency Operations Plan, especially after changes.
7. Share your stories and photos at www.ShakeOut.org.
8. Encourage staff to prepare at home (www.EarthquakeCountry.org/sevensteps).



Level 3 – Advanced: Functional Exercise

This provides a hands on/operations-based exercise tests command and control during a major earthquake including emergency response and/or recovery duties in your Emergency Operations Plan. The exercise incorporates simulated incidents, decision-making, and policies tested, and then a review afterwards to discuss what worked or what did not in order to make changes for the next earthquake or exercise.

BEFORE the Exercise

1. If you will participate in the ShakeOut exercise, register your facility/organization as an official participant at www.ShakeOut.org (make sure to register in your state or region).
2. Bring together the Exercise Planning Team to design the exercise.
 - Determine or review your plans, policies and procedures for an earthquake.
3. If your facility/organization participated in a prior ShakeOut Drill or Exercise, review past After Action Reports and Improvement Plans.
4. Determine the exercise objectives.
 - What would you like your exercise to address? Potential issues to include:
 - Does the facility/organization have a process to assess and report damage to facility structure and infrastructure?
 - Would the facility/organization lose power, water or medical gasses?
 - Would health information technology (HIT) systems be impacted by loss of power? What back-up plans exist?
 - Does the facility/organization have procedures to establish redundant communications internally and externally?
 - What are the plans for if the earthquake happens after hours?
 - Would facility/organization access be limited?
 - How would transportation be affected?
 - Would transportation issues affect staff and patient/resident access?
 - How would you decide evacuation versus shelter-in-place?
 - How and where would you evacuate patients/residents?
 - What type of evacuation equipment does the facility/organization have?
 - Who is trained to use the facility/organization evacuation equipment?
 - How will the facility/organization receive incoming information?
 - How are resources requested from the jurisdiction/operational area when all other means of obtaining resources have been exhausted?
 - How are staff, patients/residents, and visitors communicated with during a major event?
 - How will you direct staff during and immediately following the shaking?
 - Does the facility/organization have procedures to track patients, residents, beds, and staff?
 - Have your facility addressed family reunification plans; emergency supplies including food and water; Supplies for people with access and functional needs (AFN), including limited English proficiency and needs of infants and children?
 - How would the facility/organization be financially impacted? Is there a business impact analysis (BIA) or a business continuity/continuity of services plan?

Consider using the HICS Earthquake and Evacuation Incident Planning Guides to develop objectives which are available at <https://emsa.ca.gov/hospital-incident-command-system-incident-response-guides-2014/>

5. Determine the scope and timeframe of your exercise.
 - For example, test a specific part of your organization’s emergency plan for an hour.

Learn about potential earthquakes for your area and the Exercise Planning Team can use the HICS Earthquake and Evacuation Scenarios available at <https://emsa.ca.gov/hospital-incident-command-system-incident-response-guides-2014/> as a base, or develop your own with specific details of how you might expect the shaking to impact your facility (i.e., the building, operations, service providers, staff, patients/residents, and volunteers).
6. Develop an Exercise Plan (EXPLAN). Templates are online at <https://preptoolkit.fema.gov/web/hseep-resources>.
7. Finalize the scenario; making sure it supports your exercise objectives.
8. Select an Exercise Director to run the exercise. Determine other staffing role requirements such as assigning personnel as observers, and evaluators to document activities in chronological order.
9. Ensure training of all exercise participants in the Incident Command System (ICS), such as Hospital Incident Command System and Nursing Home Incident Command System updates and evacuation equipment training, so they are fully aware of their roles and responsibilities. All participants, evaluators and decision-makers should review the disaster plan.
10. Create a Master Scenario Events List (MSEL) that is a timeline for your exercise, such as:
 - 1000 a.m. – Earthquake starts, staff *Drop, cover, and Hold On*.
 - 1001 a.m. – Lights go out and computers go down.
 - 1003 a.m. – Sprinklers in South East corner of first floor turn on.

MSEL templates and examples are available at <https://preptoolkit.fema.gov/web/hseep-resources>

The MSEL includes a list of “injected events.” “Injects” are events that could reasonably occur during the exercise (e.g., aftershocks, specific problems related to your services, etc.). These events can be “injected” (or provided to the participants in the form of a note, a person acting out a role in the exercise, etc.) periodically during the exercise to get participants thinking of issues and solutions without overwhelming them.

11. (Optional) Download realistic “drill broadcast” sound effects and safety information to play during your exercise from your ShakeOut region’s website on the Resources page.
12. Inform your staff, volunteers and patients and residents:
 - The date and time of your exercise
 - How to correctly perform *Drop, Cover, and Hold On*, wherever they are.
 - This includes taking cover beneath a sturdy table or desk, or dropping to the floor near an interior wall and covering your head with your hands and arms.
 - Develop special procedures for unique locations such as rooms and offices with glass walls.
 - Your expectations for their participation (i.e., *Drop, Cover and Hold On*, gathering at a central location for a head count, playing a role such as a “injured” that will need medical assistance, and/or having post-exercise discussions, etc.).
 - If your exercise is part of the Great California ShakeOut, encourage staff, volunteers, etc. to invite friends, families, and neighbors to register at www.ShakeOut.org, in their region, so they participate as well and receive information directly.

13. Determine the addition of the post-shaking evacuation procedures to the exercise, if needed:
 - Post-Earthquake: Based on the age and type of your building, and the environment inside/outside of building, etc., determine whether your facility/organization would evacuate or Shelter-in-Place after a real earthquake, and how you would first *assess the building's damage* before directing staff to either stay put or evacuate. Consider new safety hazards outside of your facility caused by the shaking.
 - Post-Earthquake Tsunami Threat: If your facility is in a coastal area, consider whether or not you need to have plans to evacuate to higher ground.

The Night BEFORE the Exercise

1. Create a brief written description of the earthquake's impact using your scenario along with some injects for staff to consider. (Injects are the individual lines on the Master Scenario Events List (MSEL) for the exercise that provide a chronological listing of events that are being tested in the exercise and can be edited by each facility to meet their training needs.)
 - Provide staff cards with the injects written on them at selected times or use sealed envelopes to open during the exercise at appointed time. (You can use email, but it is more affective if they do not read this until during the exercise.)
 - To increase participation, include a surprise at points in the exercise (candy, light stick, lunch coupons, etc.) While a serious subject, you can increase numbers by also adding some fun.

DURING Exercise

1. Via your public announcement system, email, cell phone/text reminder or verbal direction:
 - Announce that the earthquake drill has begun and to *Drop, Cover, and Hold On*.
 - (Optional) Play the audio recording (see above) on your PA or, alternatively, play it on a computer in each office.
 - Suggest that while down on the floor, staff look around at what might fall on them during a real earthquake. (This can be a place to have one of the surprises listed above included). Secure or move items after the drill to prevent injury and damage.
2. After at least one minute, announce that the shaking is over and for everyone to stand up again.
3. Announce the beginning of the exercise and for staff to follow their response procedures.
4. As the exercise progresses distribute individual "inject events" to specific participants. Have exercise evaluators observe and document how these surprise issues are handled.
5. When the exercise objectives are met, announce that the exercise is over.

AFTER the Exercise

1. Assemble the Exercise Director and evaluators with their documentation to summarize activities, actions, decisions, and solutions from the exercise.
 - Discuss whether you met your exercise objectives or why not.
 - Document lessons learned, best practices and necessary actions to improve your employee training, emergency procedures, and incorporate into the Emergency Operations Plan.
2. Hold hotwash/staff meetings/debriefings as soon as possible after the exercise so all staff can discuss and document what happened during the exercise, what decisions were made, what worked, what didn't, etc. Take this opportunity to:
 - Discuss preparedness at work and at home. (Staff and volunteers' home/family preparedness will allow them to either stay at work (or return to work more rapidly) to support your organization's mission and recovery).
3. Next, assemble exercise participants including your decision-makers and leaders.

- Depending on the size of your facility, you may need to have groups meet separately, followed by a leadership meeting with representatives from each group.
 - Discuss and document comments of what happened during the exercise, what decisions were made, what worked, what didn't, etc.
 - Listen attentively to staff suggestions.
 - Encourage the sharing of lessons learned from the exercise or real experiences.
 - Review pre and post-disaster staff responsibilities.
 - Discuss need to update emergency contact lists and any other critical documents in plan.
 - Discuss any changes to your safety and organization resumption priorities.
 - Discuss possible changes to staff emergency responsibilities.
 - Cover the importance of preparedness at work and at home, encouraging participation.
 - Document and accept all comments then thank all the participants to officially end the exercise.
4. At your Emergency Preparedness Planning level:
- Develop After Action Report and Improvement Plan.
 - Review lessons learned and recommendations to be added to the plan.
 - Update staff and management emergency responsibilities.
 - Discuss process to keep critical documents up to date.
 - Determine or assign staff update your Emergency Operations Plan with lessons learned from the exercise.
 - Review the updated Emergency Operations Plan and associated policies and procedures with recommended safety and operations resumption priorities and procedures.
5. Determine next steps and assign people to those tasks to follow-up.
- Schedule training as needed to address plan changes.
 - Make sure future exercises follow trainings so that staff can work through the most current procedures.
6. Schedule next exercise one year from now (or sooner) so staff can practice life safety procedures, decision-making, and to exercise the emergency procedures of your Emergency Operations Plan.
7. Share your exercise stories and photos at www.ShakeOut.org.
8. Review "7 Steps to an Disaster Resilient Workplace" (www.ResilientWorkplace.org) for additional ideas.
9. Encourage staff to prepare at home (www.EarthquakeCountry.org/sevensteps).

Still have training and exercise questions? Contact Connect Consulting Services,(CCS) at 916-758-3220 or Connect@ConnectConsulting.biz.

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Emergency Preparedness Training and Exercise by Provider Type

Provider Type Code	Provider Name	E-0036 Review of Emergency Management Program	E-0037 Annual Training of Emergency Management Program	E-0038 Specialized EP activities for ESRD Providers only	E-0039 Annual Emergency Preparedness Exercises	E-0040: Emergency Preparedness Patient Training (applies to ESRD Providers only)
\$403.748(c)	Religious Nonmedical Health Care Institutions (RNHCIs)	Bi-Annually	✓		TTX Only	
\$416.54(c)	Ambulatory Surgical Centers (ASCs)	Bi-Annually	✓		TTX Only	
\$418.113(c)	Hospice Organizations	Bi-Annually	✓		TTX Only	
\$441.184(c)	Psychiatric Residential Treatment Facilities (PRTFs)	Bi-Annually	✓		TTX Only	
\$460.84(c)	Programs of All-Inclusive Care for the Elderly (PACE)	Bi-Annually	✓		TTX Only	
\$482.15(c)	Hospitals	Annually	✓		2 Required Exercises: <ul style="list-style-type: none"> • 1 CB-FSE or FB-FE • 1 TTX, CB-FSE or FB-FE of their choice 	
\$483.475(c)	Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)	Bi-Annually	✓		TTX Only	
\$484.102(c)	Home Health Agencies (HHAs)	Bi-Annually	✓		TTX Only	
\$485.68(c)	Comprehensive Outpatient Rehabilitation Facilities (CORFs)	Bi-Annually	✓		TTX Only	
\$485.625(c)	Critical Access Hospitals (CAHs)	Annually	✓		2 Required Exercises: <ul style="list-style-type: none"> • 1 CB-FSE or FB-FE • 1 TTX, CB-FSE or FB-FE of their choice 	

CMS Emergency Preparedness Program
Policies and Procedures Provider Reference Grid

Provider Type Code	Provider Name	E-0036 Review of Emergency Management Program	E-0037 Annual Training of Emergency Management Program	E-0038 Specialized EP activities for ESRD Providers only	E-0039 Annual Emergency Preparedness Exercises	E-0040: Emergency Preparedness Patient Training (applies to ESRD Providers only)
§485.727(c)	Clinics, Rehabilitation Agencies, and Public Health Agencies as Providers of Outpatient Physical Therapy and Speech-Language Pathology Services	Bi-Annually	✓		TTX Only	
§485.920(c)	Community Mental Health Centers (CMHCs)	Bi-Annually	✓		TTX Only	
§486.360(c)	Organ Procurement Organizations (OPOs)	Bi-Annually	✓		TTX Only	
§491.12(c)	Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs)	Bi-Annually	✓		TTX Only	
§494.62(c)	End-Stage Renal Disease (ESRD) Facilities	Bi-Annually	✓	✓ (refer to Section 6: Reference Documents: CMS Appendix Z for more detail.)	TTX Only	✓
§482.78	Transplant Programs		✓		TTX Only	
§483.73(c)	Long-Term Care (LTC) Facilities	Annually	✓		2 Required Exercises: • 1 CB-FSE or FB-FE • 1 TTX, CB-FSE or FB-FE of their choice	

Provider Notes: Refers to E- 0036, E- 0037 and E-0039

Please refer to Section 6: Reference Documents: CMS Appendix Z for more detailed information about your organization's provider type and requirements as each provider has specific requirements for emergency preparedness staff training and exercises.

Exercise Specifics: E-00039

TTX = Tabletop Exercise

CB-FSE = Community Based Full Scale Exercise

FB-FE = Facility Based Functional Exercise

Source Material: [CMS Appendix Z](#)