

Operation Safe Haven

Exercise Manual

September 22, 2026

EXERCISE OVERVIEW

Exercise Name	Operation Safe Haven
Exercise Dates	September 22, 2026
Scope	This exercise is a community-based, functional exercise planned for 2 hours and 30 minutes at the participant's organization and through an online virtual platform. Exercise play is limited to participants including Minnesota home care agencies, hospice organizations, skilled nursing facilities, assisted living facilities, intermediate care facilities, clinics, and the Metro Health & Medical Preparedness Coalition.
Focus Area(s)	Evacuation; Continuity of Operations
Objectives	1. Test activation of evacuation plans. 2. Demonstrate necessary evacuation processes including: a. Triage b. Tracking c. Transportation 3. Assess ability to provide continuity of care for residents, patients, or clients during an evacuation event.
Threat or Hazard	Warehouse fire with chemical release
Scenario	An industrial warehouse is on fire and the potential for chemical release prompts a mandatory evacuation.
Sponsor	Metro Health & Medical Preparedness Coalition
Participating Jurisdictions/ Organizations	A list of participating organizations is available by request.
Point of Contact	Sponsor: Metro Health & Medical Preparedness Coalition prepared@metrohealthready.org Exercise Director: Emily Moilanen, MPH Metro Health & Medical Preparedness Coalition Emily.moilanen@hcmcd.org 763-286-5839

MODULE 1

It is early morning on a Friday in September. You are getting ready for work listening to the morning news. The newscaster reports on a large fire at a nearby industrial warehouse. Video shows thick black smoke coming from the warehouse and spreading out over the surrounding area. The reporter on scene says that residents in the neighborhood adjacent to the warehouse have been asked to shelter in place. You note that your facility/home office/clinic is located just a couple of miles away from the warehouse that's on fire.

On your commute to work you notice a smell of acrid smoke in the air.

As you arrive at your building you receive an alert on your cell phone. The alert comes from your county emergency management agency and states that the shelter-in-place order has been expanded. The area under the shelter-in-place order now includes your building. The message says to stay indoors, shut doors and windows and turn off air conditioning to reduce exposure to smoke and fumes.

Questions

Based on the information provided, participate in the discussion concerning the issues raised in this scenario update. Identify any critical issues, decisions, requirements, or questions that should be addressed at this time.

All Participants:

1. Who needs to be alerted about the shelter-in-place order?
 - a. What is your messaging?
 - b. How will you communicate that message?
2. How will you secure the building (your facility, office, or clinic)?
3. Can or will you prevent people from coming and going during the shelter-in-place order?
4. Do you have concerns about turning off the building HVAC system?
 - a. What are the potential impacts?
5. Are there other systems that may be impacted by the situation?

Home Care, Hospice, and Community-based Providers:

1. How will you find out if you have clients within shelter-in-place area?

Clinics:

1. Will you remain open to patients during the shelter-in-place order?

MODULE 2

Despite keeping doors and windows shut and the AC off, the smell of smoke inside the building is increasing and the sky outside is progressively hazy. Some people in the building have complained of irritation in their nose and throat. You have the local news streaming. As you are watching live coverage of the warehouse fire your front desk receptionist answers a phone call and receives this recorded message:

“This is an emergency notification from the County’s Reverse 9-1-1 system. All residences and businesses receiving this call should prepare to evacuate due to the threat of an uncontrolled industrial warehouse fire. Immediate evacuation is not needed at this time, but you should begin preparations for an immediate evacuation if the situation changes. This is an alert, not an evacuation order. You will be notified again if an evacuation is ordered.”

Questions

Based on the information provided, participate in the discussion concerning the issues raised in this scenario update. Identify any critical issues, decisions, requirements, or questions that should be addressed at this time.

All Participants:

1. What should the receptionist do with the information received?
2. Who needs to be alerted about the potential evacuation?
 - a. What will you communicate?
 - b. How will you communicate?
3. Will you organize a team to manage this event?
 - a. Who is in charge?
 - b. What roles do you need?
4. What can you be doing now to prepare for a potential evacuation?

Home care:

1. You have identified clients in the evacuation zone. You don’t yet know if you have staff in the area. How will you find out?

Clinics:

1. You have some patients continuing to arrive for their appointments and a few community members have taken refuge in your lobby. Will you continue to see patients?
 - a. If yes, how will you balance continuing to serve patients while preparing to evacuate?

MODULE 3

An hour has passed with no additional notifications. The news indicates the fire continues to burn as firefighters try to contain it. While watching live coverage of the event, you witness an explosion at the warehouse. Two miles away you feel your own building slightly tremble.

Not long after a police officer arrives. The officer informs you that the explosion you heard occurred when the fire met a pressurized gas line. The explosion ignited a neighboring warehouse which stores various chemicals, including liquid ammonia. The threat of a toxic chemical release is high and because of this there is a mandatory evacuation for the surrounding area. The officer informs you that you need to evacuate as soon as possible and move out of the evacuation zone at least 10 miles away.

- Long term care facilities need to evacuate their buildings.
- Home care, hospice, and community-based providers need to evacuate their home offices. You also have clients and staff located in the evacuation zone.
- Clinics need to evacuate their buildings.

Questions

Based on the information provided, participate in the discussion concerning the issues raised in this scenario update. Identify any critical issues, decisions, requirements, or questions that should be addressed at this time.

All Participants:

1. Who needs to know that you are evacuating?
2. Will you organize a team to manage this event?
 - a. If yes, who is leading the team?
 - b. What roles will you need?
3. Will you need additional help? Who will you call for help?
4. Do you have resources in place for staff who have homes in the area and may be impacted by the evacuation order?

Long Term Care Facilities:

1. Where will you send people who are evacuated?
 - a. What do you do if you have a resident who refuses to leave?
2. Do you have evacuation sites identified in your plans?
 - a. Are they outside of the current evacuation zone?
 - b. Do you have signed agreements for these sites?
3. List your resources for transporting people to a safer location.
 - a. Ambulance and fire services are tied up responding to the warehouse fire and not available to assist you with evacuation. Does this impact your plans?
4. What will you send with evacuating residents?

5. Pull resident list and practice triaging some residents:
 - a. Who can go home with family?
 - b. Are there specialty needs (memory care) that may complicate evacuation or relocation?
 - c. Is there medical equipment that needs to go with residents?
 - i. How will it be transported with the resident?
6. How will you track where residents are going?
7. Do you need to send staff with evacuating residents?
 - a. If yes, how will you track and stay in contact with staff?
8. Some services may need to continue while you are organizing the evacuation (meals, medications, daily cares, etc). How will you manage this?
9. Who is managing communications with families/loved ones?

Home Care, Hospice, and Community-based providers:

1. What role do you play in assisting with client evacuations?
2. How and what are you communicating to staff in field?
3. How will you track and stay in contact with any clients who are evacuating?
4. You have a staff member sheltered in place at client's home. Both the client and the staff need to evacuate—what is your role in assisting with this process?
5. You have a client in the evacuation zone who is refusing to leave. What do you do?
6. Families are beginning to call with concerns about loved ones in the evacuation zone. Who is managing communications with families/loved ones of clients?
 - a. What do you do if you cannot reach a client you know is in the evacuation zone?

Clinics:

1. How will you contact patients scheduled for appointments today? What is your messaging?
2. As you are trying to evacuate, several community members arrive with complaints about trouble breathing asking for help. How do you manage this?
3. Are staff able to perform some job duties from home? Do they have access to necessary work applications from home?
4. How will you continue to communicate with staff and patients if the evacuation order continues for several days?
5. Can you continue to provide patient care during this time?
 - a. Reschedule to a different location
 - b. Telehealth
 - c. Cancel non-urgent appointments

MODULE 4

Hours have passed and you have successfully evacuated everyone out of building. The warehouse fire is still active. There is no information yet on the length of time you will be out of the building/area.

Questions

Based on the information provided, participate in the discussion concerning the issues raised in this scenario update. Identify any critical issues, decisions, requirements, or questions that should be addressed at this time.

All Participants:

1. What actions do you take to secure the facility/clinic/office once evacuated?
2. How will you continue to monitor the situation?
3. Are there business processes that could continue remotely?
4. How will you maintain communication with necessary stakeholders?
5. How will you know it is safe to return?

Longterm Care Facilities:

1. How will you continue to track location of residents and staff?

Home Care, Hospice, and Community-based providers:

1. How do you stay in contact with clients evacuated out of their homes?
2. How do you relay information about evacuated clients to staff members assigned to their care?
3. What happens if a client is evacuated outside of your service area and they need to be seen?

Clinics:

1. Can patients be rescheduled to virtual/video visits?
 - a. Who determines this?

END EXERCISE

EXERCISE SCHEDULE

Time AM/PM	Item	Minutes
9:00am / 1:00pm	Welcome & Housekeeping	10
9:10 / 1:10	Module 1	15
9:25 / 1:25	Large group report-out	8
9:33 / 1:33	Module 2	15
9:48 / 1:48	Large group report-out	8
9:56 / 1:56	Module 3	30
10:26 / 2:26	Large group report-out	15
10:41 / 2:41	Module 4	15
10:56 / 2:56	Large group report-out	8
11:04 / 3:04	Hotwash	15
1:19 / 3:19	Large Group Report Out	8
11:27 / 3:27	Wrap-up	3
11:30 / 3:30	Adjourn	150