

Message to Resident Accepting Facilities (RAF)

Thank you for participating in the upcoming LTC-MAP 2017 Exercises.
 Listed below are the dates of the exercises for each region.

REGION	SOUTHERN	NORTHERN
DATE	April 10, 2017	April 11, 2017
TIME	9am - 12:45pm	9am - 12:45pm

There will be a lot of activity on the exercise days, and we want to ensure everyone has the information they need to make this opportunity a success. Below are details concerning your facility's role during the exercise. *(If you are designated to report to the DOC, please do so. Separate instructions will be emailed to you.)*

ALL FACILITIES ARE REQUESTED TO PARTICIPATE IN THIS EXERCISE.

Exercise Day

- 08:00 **DOC:** RPA Controllers arrive at the DOC to review and set up.
- 08:00 **DSFs:** RPA Controllers arrive at the DSFs to review and set up.
- 08:55 **RAFs:** Should have 5 – 10 volunteers / staff acting as “mock residents” and standing by to be cycled through the intake process during the exercise.
 DSFs: Command Centers Established
- 09:00 **STARTEX:** Exercise commences via the Rhode Island Health Notification System message
- 09:00 Emergency Reporting System activated. **All regional plan members complete Emergency Reporting by 9:30 AM.**
- 09:05 **DSFs:** Internal Movement of mock residents to internal holding areas begins.
 RAFs establish their Command Centers and prepare for arrival of residents from the evacuated DSF
- 09:15 **RAFs receive “First Wave” of Evacuating Residents:** Using the email provided, assign mock residents to information provided in the emails. All RAFs will receive email with mock resident names as well as a completed Resident Emergency Evacuation Forms. Resident/MR/Staff/Equipment Tracking Sheet and Influx of Residents Logs will also be attached to this email. Upon receiving this e-mail, LTC-MAP members are to perform the following:
 - Establish Intake or Triage Area using their plans
 - Establish a Surge Area using their plans
 - Contact the DOC when they “receive” residents from the DSF

Note: No clinical hand-off calls will happen with this First Wave of Evacuating Residents
- 09:30 **Regional Conference Call:** All regional plan members join call for a Situational Briefing. (See dial-in number and access code below)
 Dial-In # 1-888-801-6157 Access Code 83431968
- 09:45 DOC locates open beds and transportation for residents from the DSFs

- 10:00 **RAFs receive “Second Wave” of Evacuating Residents:** DOC and / or the DSF will contact RAFs to transfer MORE Evacuating Residents
- RAFs will start receiving calls from the DSFs requesting assistance with resident placement
 - Clinical handoffs for the **Second Wave of Evacuating Residents** will commence with the RAFs
 - DSF will send mock resident names as well as a completed Resident Emergency Evacuation Forms. Resident/MR/Staff/ Equipment Tracking Sheet and Influx of Residents Logs to receiving RAFs
 - RAFs should contact the DOC when they “receive” these residents
- Note:** Not all RAFs will receive a second wave of evacuating residents or phone calls from the DSFs or DOC. Should one of the DSFs reach out to you, this would be considered additional evacuated residents from the emailed “First Wave of Evacuating Residents.”
- 11:00 RAFs: The RAF should have completed the following to support the influx of all mock residents received during the first and/or second waves:
- Clinician discussions with the DSF (clinical handoffs) (Second Wave ONLY)
 - “Closing the Loop” – Confirming receipt of the mock residents via the DOC
 - Conducting staff call backs
 - Contacting vendors for supplies and equipment
- 11:30 **ENDEX:** Exercise concludes via a Rhode Island Health Notification System message
- 11:45 All exercise participants join the Hotwash Conference Call with their internal team
- Dial In # 1-888-801-6157 Access Code 83431968**
- All exercise participants should call in at 11:40 AM so the hotwash can start promptly at 11:45 AM***
- 12:45 Exercise concludes

Objectives of the Exercise: Review the Exercise Plan on the website at www.mutualaidplan.org/ri

Focus of Exercise: The focus of this particular exercise is the full evacuation of two Disaster Struck Facilities (DSF) per region that will create an opportunity for all participating LTC-MAP members in the region to effectively:

- Practice and test their plans to be Resident Accepting Facilities
- Stand up their command center and have community partners present
- Manage an influx of residents

A core focus of this exercise will also be having the DOC assist and coordinate appropriate resident placement from the DSF to the RAFs.

Pre-Exercise Assignments: (Complete by April 1, 2017)

1. Review appropriate emergency plans, the contents of your LTC-MAP binder, and exercise support documents
2. Go to the LTC-MAP website, www.mutualaidplan.org/ri, and log into your facility. Review the following tabs and be sure they are up to date: *(If you are unable to log on click the help button and request assistance)*
 - Facility Information, specifically:
 - Facility address, phone, and fax numbers
 - generator information
 - Contact information for: *(At a minimum)*
 - Email address, office, cell, and home numbers for the Administrator, Director of Nursing, and Facilities Manager
 - LTC Beds:
 - Update your Categories of Care and information about the number of residents in dementia-secured units *(if applicable)*
 - Run a Category of Care Report by going to Reports. Select plan-wide reports on the left, click on LTC – Patient Care Categories, and then click on your region and facility type.
 - Evacuation Sites:
 - List your top 10 evacuation sites (cross-reference with categories of care)
 - Vendors:
 - Update all of your vendors, as needed. At a minimum, you should have your critical vendors listed: generator repair, generator fuel, food, medical supply, and bed vendors.

ALL Resident Accepting Facilities (RAFs) are requested to address each of the following elements of the exercise:

1. **Mock Residents:** This year, it is the responsibility of each RAF to arrange for volunteer mock residents (5-10 people) to be at its facility for the functional portion of the exercise. We recommend either using staff or other volunteers as mock residents. The mock residents will not be leaving your facility; rather, they will be brought into your facility through your intake / triage process to represent arriving residents from the evacuated Disaster Struck Facility.

We recommend you assign each mock resident a name tag, Resident Emergency Evacuation Form provided via email the day of the exercise, medical charts, equipment, and personal belongings. The more realistic you make this portion, the more your facility will get out of it.

2. **Evaluators:** Have one to two evaluators (staff member, EMS, fire department representative, or other) at the Resident Drop-off / Intake point and the RAF Command Center, and have them evaluate the process of receiving the residents and any communication takes place internally and with external agencies, the DOC, and the DSFs.

3. **Emergency Reporting:** The day of the exercise, complete Emergency Reporting at www.mutualaidplan.org/ri within 30 minutes of receiving the Rhode Island Health Notification System message. . Use this as a training opportunity. Complete with your leadership team. The goal is that all members of your team have the ability to complete Emergency Reporting.
4. **Activate your facility Incident Command Center:** On the day of the exercise:
 - a. Assemble your team
 - b. Establish communications with the DOC and the DSFs as needed.
5. **Utilize your internal Influx of Residents / Surge Guidelines:** (Download this document from the LTC-MAP website Home Page located at the top right under 2017 Annual Exercises):
 - a. Base this exercise on the current snapshot of your facility on the day of the exercise (*use your actual census for that day*).
 - b. To create additional capacity, review if any residents are prepared for discharge, review available open space, and ensure, at minimum, you can accept the pre-agreed number of residents (*10% of your licensed beds*).
 - c. If you are able to accept more residents than the 10% surge due to open beds, please inform the DOC and the evacuating DSF.
 - d. **Forms:**
 - i. The Influx of Residents Log will be sent via Constant Contact the morning of the exercise. LTC-MAP members should print and fill out the Influx of Residents Log as well as cross reference this against the *Resident / Medical Record & Equipment Tracking Sheet* you receive from the DSFs.
 - ii. Fax the Influx of Residents Log to the DOC with the names of the mock residents from the DSFs.
 - e. Initiate staff call-back to support the arriving residents. (*All communications begin and end with THIS IS A DRILL.*)
5. **Establish an Intake / Triage Area:** Fully set up the area where you would take in residents as they arrive at your facility. Identify the staffing and equipment necessary to support area. The objective of this area is to:
 - a. Clinically assess residents as they arrive
 - b. Review all medical records
 - c. Identify:
 - i. Medical diagnoses
 - ii. Current medications and last dose
 - iii. Allergies
 - iv. Mental status
 - v. Mobility
 - vi. Special precautions

Photograph area and upload to photos@mutualaidplan.org. In the subject line, enter your facility name.

- d. **Medical Records:** Complete a chart for each mock resident to test and review the process. . Walk through this process to ensure your clinical team is clear on how you would accomplish this. .

6. **Establish an Influx / Surge area:** Identify options to transform non-sleeping areas into temporary shelter areas where surge beds may be established to provide temporary sleeping and resident care. Consider the following areas:
 - a. Activity Rooms
 - b. Lounges
 - c. Dining Rooms
 - d. Auditoriums
 - e. Meeting RoomsPhotograph area and upload to photos@mutualaidplan.org. In the subject line, enter your facility name
Complete Attachment D – Command Center Tool once you have identified your surge / influx area. Once complete, keep with your Disaster Plan.
7. **Staff, Equipment, Supplies and Resources:** There will be a **Questionnaire** provided for the internal review process that each organization should complete. This review will support your facility's approach to determine what resources will be necessary to provide care for residents in surge locations (see #6). The **Questionnaire** will provide an outline for your internal discussion and how you accomplished the exercise tasks. To assist you with this process, please go to www.mutualaidplan.org/ri and **download the questionnaire** under 2017 Exercise Documents.
 - a. Communicate with your facility's resource suppliers to surge or fill other resource or asset needs (*to test your vendors*).
 - b. Be prepared to respond to additional Rhode Island Health Notification System messages or requests from the DOC for specific equipment, supplies, or staff.
8. **Communication Responsibilities:** Ensure notification to the DOC to verify the receipt of residents following their arrival.
9. **Credentialing and Privileging Policy:** Review the credentialing and privileging policy to ensure appropriate oversight if staff were to arrive from the DSF.
 - a. If you don't have a policy, review this process and detail how your team would manage this. The development of such a policy should be addressed in your facility's After Action Report Improvement Plan.
10. **Mutual Aid Plan Binder:** Ensure you have one hard copy of the Mutual Aid Plan printed and in the facility Command Center or another accessible location.
 - a. Education should take place internally on the plan for leadership positions and those who could answer incoming calls. Utilize the PowerPoint Presentation located online at www.mutualaidplan.org/ri under Home Page Documents, Facility PowerPoints for Education of Leadership and Staff Orientation.
11. **Community Involvement:** Due to new CMS requirements, each LTC-MAP member should invite local community partners to your facility to observe and support the Mutual Aid Plan efforts. This includes the fire department, local emergency manager, and EMS. Please document this process throughout, including ensuring that all community partners sign in.

Note: If your community partners cannot attend or do not respond, please document this by saving email correspondence or otherwise documenting a lack of response.

- 12. Facility After Action Report Improvement Plan (AARIP):** After the exercise, all LTC-MAP members will fill out an After Action Report Improvement Plan. **In order to be compliant with the new CMS regulations, facilities will need to complete the RPA provided AARIP template.** The objective of the AARIP is to take lessons learned from the exercise and to incorporate into and improve your Emergency Operations Plan. The AARIP template will be provided by RPA via the LTC-MAP website.
- 13. Transportation Evacuation Survey:** During the exercise days, all LTC-MAP members will conduct an internal transportation evacuation survey. This helps RIDOH and others understand the transportation needs of your residents. To help assist with this, we recommend downloading the *“Instructions - Transportation Evacuation Survey (Online Version)”* found on the MAP website under “Home Page Documents.”
- 14. Onsite Evaluators:** In each region there may be up to three evaluators who will go to one or two facilities. These evaluators may consist of RIDOH personnel from the Center for Emergency Preparedness and Response (CEPR)

The objective of their evaluation is to:

- a. Determine the level of your participation
- b. Review the internal area that you established
 - i. Command Center
 - ii. Intake Area
 - iii. Influx / Surge Area

Online Questionnaire: In order for any exercise to be successful, we need to identify our successes and weaknesses. Please complete your online **questionnaire and upload your photos by April 18, 2017.**

IMPORTANT: For any communications (radio, phone, verbal or other), please be sure to begin and end all transmissions with the phrase: ***“This is a drill.”***