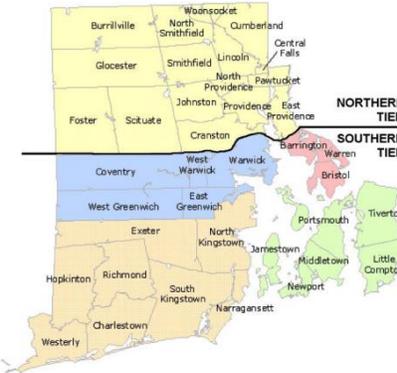


Rhode Island

Long Term Care Mutual Aid Plan (LTC-MAP)



2017 Full-Scale Exercises: Regional Facility Evacuation & Resource / Asset Support

Exercise Plan

Southern Region – April 10, 2017
Northern Region – April 11, 2017

DRAFT Date: December 5, 2016

Revision Date: February 17, 2017

THIS PAGE INTENTIONALLY LEFT BLANK

PREFACE

This full-scale exercise has been designed for the Rhode Island Long Term Care Mutual Aid Plan (LTC-MAP), and was developed through a contract between Rhode Island Department of Health (RIDOH) and Russell Phillips & Associates, LLC (RPA). RPA has produced the materials for the exercise, including this Exercise Plan (ExPlan), which follows guidance set forth in the U.S. Department of Homeland Security (DHS) Homeland Security Exercise and Evaluation Program (HSEEP).

This ExPlan gives officials, observers, media personnel, and exercise participants the necessary information to ensure both that the exercise is appropriately conducted and that exercise play aligns with established policies and expectations. The information in this document is current at the date of revised publication, and is subject to change at any time at the discretion of RIDOH or RPA.

This exercise centers on the simulated evacuation of two Disaster Struck Facilities (DSF) (one assisted living residence and one nursing home) in each region in order to create an opportunity for all participating RI LTC-MAP members to practice and test their plans to be Resident Accepting Facilities (RAFs) and manage an influx of residents. As a component of this, RIDOH and Long-Term Care Responders will assist in the coordination of appropriate resident placement from DSFs to RAFs.

This full-scale exercise is one in a series of annual exercises conducted for the Rhode Island LTC-MAP to promote familiarity of the LTC-MAP system within the long-term care and assisted living communities and to test components and processes of that system.

This exercise is designed to comply with the Centers for Medicare and Medicaid Services (CMS) Conditions of Participation §483.75(m)(2) that requires facilities to provide periodic reviews of their disaster procedures. Facilities must train all employees in emergency procedures when they begin to work in the facility, periodically review the procedures with existing staff, and carry out unannounced staff drills using those procedures.

HANDLING INSTRUCTIONS

1. The title of this document is the 2017 RI LTC-MAP Regional Facility Evacuation and Resource / Asset Support Exercise Plan (ExPlan).
2. Information gathered in this ExPlan is designated as For Official Use Only (FOUO) and should be handled as sensitive information that is not to be disclosed. This document should be safeguarded, handled, transmitted, and stored in accordance with appropriate security directives. Reproduction of this document, in whole or in part, without prior approval from the RIDOH and RPA is prohibited.
3. At a minimum, the attached materials will be disseminated strictly on a need-to-know basis and, when unattended, will be stored in a locked container or area that offers sufficient protection against theft, compromise, inadvertent access, and unauthorized disclosure.
4. For questions or to request additional information about this exercise, please refer to the exercise points-of-contact list on the following pages.

CONTENTS

Prefacei
Handling Instructionsii
Contentsiii

Exercise Overview.....1
General Information4
Exercise Logistics.....9
Post- Exercise and Evaluation Activities 11
Participant Information and Guidance 13

Appendix A: Exercise ScheduleA-1
Appendix B: Exercise ScenarioB-1
Appendix C: Exercise Preparation LogisticsC-1
Appendix D: Communications PlanD-1

EXERCISE OVERVIEW

Exercise Name

2017 RI LTC-MAP Regional Facility Evacuation & Resource / Asset Support Full-Scale Exercise

Exercise Dates

Southern Region – April 10, 2017 8:30am – 12:45pm
Northern Region – April 11, 2017 8:30am – 12:45pm

This exercise is a Full Scale Exercise planned for April 10 & 11, 2017 for all Rhode Island LTC-MAP Facilities. Exercise play is limited to the scope of this exercise.

The emphasis of this exercise will be to implement the LTC-MAP and to provide practice, as well as opportunity to improve the plan, with a focus on resident evacuation, tracking, and communication with Disaster Struck Facilities (DSFs) and the ability of Resident Accepting Facilities (RAFs) to manage an influx of residents. Activities performed during this exercise will include players in Rhode Island Department of Health's (RIDOH) Department Operations Center (DOC) with LTC Group Responders operations to support the event.

This exercise will begin with the necessary evacuation of two simulated DSF's. These DSF's will be managed by a RPA team member to drive exercise play and provide manufactured information that suits the exercise needs (types, number of residents, etc.). The DSF's will provide real-time information to the DOC and the RAFs, including clinical information and hand-off discussions, Master Evacuation Tracking Sheets (identifying what residents are evacuating where), and other information as necessary. All plan members participating will therefore, act as RAFs other than the two identified DSF's. These members will be expected to communicate with the DSF and/or the DOC during the preparation, evacuation and final relocation of the mock (paper) residents. RAFs will receive via a Constant Contact message all the necessary information on the residents and when they arrive. In addition, all DSF's will be expected to use volunteers (5-10), to act as mock (live) evacuated residents that will be housed in their Holding Area. All RAFs will be expected to complete an on-line questionnaire and a Facility After Exercise Report documenting their participation.

All participating plan members, in addition to being DSF or RAFs, will have the opportunity, through exercise-provided injects, to test their internal plans due to escalating situations affecting their facilities.

Mission Area(s)

Response

| | |
|---|--|
| <p>Public Health Preparedness Capabilities and Healthcare System Preparedness Capabilities with Associated Functions</p> | <p>The capabilities listed below, as identified in the Public Health Preparedness (PHP) Capabilities issued by the Centers for Disease Control and Prevention (CDC) in March 2011, as well as the Healthcare Preparedness (HSP) Capabilities, National Guidance for Healthcare System Preparedness, published in January 2012, provide the foundation for development of the exercise objectives and scenario. The purpose of this exercise is to measure and validate performance of the following capabilities and their associated critical tasks:</p> <p>HSP Capability 1: Healthcare System Preparedness <u>Function 1:</u> Develop, refine or sustain Healthcare Coalitions <u>Function 6:</u> Improve healthcare response capabilities through coordinated exercise and evaluation <u>Function 7:</u> Coordinate with planning for at-risk individuals and those with special needs</p> <p>HSP Capability 3: Emergency Operations Coordination <u>Function 3:</u> Support healthcare response efforts through coordination of resources</p> <p>HSP Capability 6: Information Sharing <u>Function 1:</u> Provide healthcare situational awareness that contributes to the incident common operating picture (includes resident tracking)</p> <p>PHP Capability 6: Information Sharing <u>Function 2:</u> Develop, refine, and sustain redundant, interoperable communication systems</p> <p>PHP Capability 10: Medical Surge <u>Function 1:</u> The Healthcare Coalition assists with the coordination of the healthcare organization response during incidents that require medical surge <u>Function 3:</u> Provide assistance to healthcare with surge capacity and capability <u>Function 5:</u> Provide assistance to healthcare organizations regarding evacuation and shelter in place operations</p> |
| <p>Threat or Hazard</p> | <p>Extreme weather emergency: 70-80 MPH winds are reported in multiple communities, causing concern among officials of the potential for large-scale power outages and structural damage to infrastructure.</p> |
| <p>Scenario</p> | <p>High winds impact multiple nursing homes and assisted living residences, resulting in downed trees, structural damage, loss of grid power, and, at some facilities, unreliable generator power, therefore</p> |

prompting the evacuation of some facilities.

Sponsor

Rhode Island Long Term Care Mutual Aid Plan (LTC-MAP)

Funded by: Rhode Island Department of Health (RIDOH) through the Public Health Emergency Preparedness Cooperative Agreement provided by the Centers for Disease Control and Prevention and State Civil Monetary Penalty Funds provided by the RI Executive Office of Health and Human Services

Participating Organizations

| Participating Agencies and Organizations |
|--|
| Resident Accepting Facilities (identified in After Action Report) |
| Escalating Situation Members (identified in After Action Report) |
| Rhode Island Department of Health – Center for Emergency Preparedness and Response |
| Local Fire Departments, EMS, and Emergency Management Officials (associated with the DSFs) |
| Russell Phillips & Associates, LLC |
| Hospital Association of Rhode Island |
| Rhode Island Assisted Living Association |
| LeadingAge Rhode Island |
| Rhode Island Health Care Association |
| Rhode Island Long-Term Care Ombudsman |

Points of Contact

Rhode Island Department of Health - Center for Emergency Preparedness and Response (CEPR) POC:

Alysia Mihalakos, MPH
Chief

Center for Emergency Preparedness and Response (CEPR)
Rhode Island Department of Health (RIDOH)
3 Capitol Hill
Providence, RI 02908
(401) 222-8035

Alysia.Mihalakos@health.ri.gov

Russell Phillips & Associates, LLC POC (Exercise Support):

Darren J Osleger
Fire & Emergency Management Consultant
Russell Phillips & Associates, LLC
31 Cooke Street
Plainville, CT 06062
(860) 793-8600

Dosleger@phillipsllc.com

GENERAL INFORMATION

Acronyms:

| | |
|---------------|-----------------------------------|
| DSF: | Disaster Struck Facility |
| EMS: | Emergency Medical Services |
| ESM: | Escalating Situation Member |
| RAF: | Resident Accepting Facility |
| DOC: | Department Operation Center |
| RIDOH: | Rhode Island Department of Health |

Exercise Capabilities and Objectives

The following exercise objectives describe the expected outcomes for the exercise. The objectives are linked to HSP and PHP capabilities, which are distinct critical elements necessary to achieve the specific mission area(s). The objectives and capabilities are guided by elected and appointed officials and selected by the Exercise Planning Team.

| HSP/PHP Capability | Exercise Objectives |
|--|---|
| <p>HSP Capability 1: Healthcare System Preparedness</p> <p>Function 1: Develop, refine or sustain Healthcare Coalitions.</p> <p>Function 7: Coordinate with planning for at-risk individuals and those with special medical needs.</p> <p>HSP Capability 10: Medical Surge</p> <p>Function 3: Assist healthcare organizations with surge capacity and capability.</p> | <ul style="list-style-type: none"> • Demonstrate the ability of the LTC Responders to match evacuating residents with appropriate bed types at RAFs using the categories of care found within the RI LTC-MAP in a timely and effective manner. |

| | |
|---|---|
| <p>HSP Capability 1: Healthcare System Preparedness</p> <p>Function 6: Improve healthcare response capabilities through coordinated exercise and evaluation</p> | <ul style="list-style-type: none"> All plan members to complete a facility based After Action Improvement Plan utilizing the template provided by the Mutual Aid Plan. |
| <p>HSP Capability 3: Emergency Operations Coordination</p> <p>Function 3: Support healthcare response efforts through coordination of resources.</p> | <ul style="list-style-type: none"> Demonstrate effective response and evacuation coordination by DOC, DSF, and RAF personnel through the use of ICS. |
| <p>HSP Capability 6: Information Sharing</p> <p>Function 1: Provide healthcare situational awareness that contributes to the incident common operating picture (includes Patient Tracking).</p> | <ul style="list-style-type: none"> Ensure that 100% of activate LTC-MAP members complete Emergency Reporting within the timeline established. Ensure that evacuated DSFs and RAFs perform clinical hand-offs of mock residents. Ensure that LTC-MAP members provide ongoing information and situational reports to the DOC as their internal situations escalate. |
| <p>PHP Capability 6: Information Sharing</p> <p>Function 2: Develop, refine, and sustain redundant, interoperable communication systems.</p> | <ul style="list-style-type: none"> Ensure ongoing communication capability throughout the exercise by employing redundant systems (e.g., landline telephone, cellular telephone, text, e-mail, fax, other 2-way communications, and LTC-MAP website). All plan members will coordinate a response to social media being inappropriately used by staff. All plan members to complete a facility based After Action Improvement Plan utilizing the template provided by the Mutual Aid Plan. |

| | |
|--|---|
| <p>PHP Capability 10: Medical Surge</p> <p>Function 1: The Healthcare Coalition assists with the coordination of the healthcare organizations response during incidents that require medical surge.</p> <p>Function 5: Provide assistance to healthcare organizations regarding evacuation and shelter in place operations.</p> | <ul style="list-style-type: none"> • Demonstrate the ability of the DOC to receive and fill resource requests from DSFs and RAFs by coordinating with LTC-MAP members and the broader Healthcare Coalition of Rhode Island. • Demonstrate the ability of DSFs to prepare and coordinate evacuations using the Incident Command System, in coordination with local authorities, and through the establishment of an appropriate holding / evacuation area. • Ensure that RAFs properly implement influx of resident's procedures, including establishing an influx / surge area and utilizing the LTC-MAP tools to document the arrival of residents. |
|--|---|

Participant Roles and Responsibilities

The term *participant* encompasses many groups of people, not just those playing in the exercise. Groups of participants involved in the exercise, and their respective roles and responsibilities, are as follows:

- **Players.** Players are personnel who have an active role in discussing or performing their regular roles and responsibilities during the exercise. Players discuss or initiate actions in response to the simulated emergency.
- **Controllers.** There will be one controller at the DOC and one controller at each Disaster Struck Facility (DSF). Controllers plan and manage exercise play, set up and operate the exercise site, and act in the roles of organizations or individuals that are not playing in the exercise. Controllers direct the pace of the exercise, provide key data to players, and may prompt or initiate certain player actions to ensure exercise continuity. In addition, they issue exercise material to players as required, monitor the exercise timeline, and supervise the safety of all exercise participants.
- **Simulators.** Simulators are control staff personnel who role play nonparticipating organizations or individuals. Simulators function semi-independently under the supervision of DOC controller, enacting roles (e.g., media reporters or next of kin) in accordance with instructions provided in the Master Scenario Events List (MSEL). All simulators are ultimately accountable to the Exercise Director and Senior Controller.
- **Evaluators.** Evaluators critique and provide feedback on a designated functional area of the exercise. Evaluators observe and document performance against established capability targets and critical tasks, in accordance with the Exercise Evaluation Guides (EEGs).
- **Observers.** Observers visit or view selected segments of the exercise. Observers do not play in the exercise, nor do they perform any control or evaluation functions.

Observers view the exercise from a designated observation area and must remain within the observation area during the exercise. Very Important Persons (VIPs) are also observers, but they frequently are grouped separately.

- **Media Personnel.** Some media personnel may be present as observers, pending approval by the sponsor organization and the Exercise Planning Team.
- **Support Staff.** The exercise support staff includes individuals who perform administrative and logistical support tasks during the exercise (e.g., registration, catering).

Exercise Assumptions and Artificialities

In any exercise, assumptions and artificialities may be necessary to complete play in the time allotted and/or account for logistical limitations. Exercise participants should accept that assumptions and artificialities are inherent in any exercise, and should not allow these considerations to negatively impact their participation.

Assumptions

Assumptions constitute the implied factual foundation for the exercise and, as such, are assumed to be present before the exercise starts. The following assumptions apply to the exercise:

- The exercise is conducted in a no-fault learning environment wherein capabilities, plans, systems, and processes will be evaluated.
- Players are familiar with LTC-MAP plans and internal facility procedures.
- Deployed resources will be existing and available.
- Exercise players include senior officials, who are empowered to either create a new, or modify existing, facility and LTC-MAP policy and procedures, if necessary.
- The exercise scenario is plausible, and events occur as they are presented.
- There are no “hidden agendas” or trick questions.
- Exercise simulation contains sufficient detail to allow players to react to information and situations as they are presented, as if the simulated incident were real.
- Participating agencies may need to balance exercise play with real-world emergencies. Real-world emergencies take priority.

Artificialities

During this exercise, the following artificialities apply:

- Exercise communication and coordination is limited to participating exercise organizations, venues, and any SimCell.
- Only communication methods listed in the Communications Plan below are available for players to use during the exercise.
- The simulation of time passing may be accelerated or delayed as appropriate by exercise controllers.
- The DOC is stood up and staffed at the start of the exercise.

Inject Methodology

Situation Status Reports

Pre-exercise and day-of-exercise situation status reports establish the overall scenario for the region, the Disaster Struck Facility (DSF) for the exercise, and moves the pace of play during the exercise.

Exercise Injects

Disaster Struck Facilities (DSF) Injects: Will be provided by the DSF Controller

Resident Accepting Facility (RAF) Injects: These will be provided by the onsite Controller, if there is one, or via the DOC Controller.

Escalating Situation Member Injects: These will be provided either in the form of phone calls, text messages, or emails.

DOC Injects: These will be provided by the DOC Controller and through inject calls, as necessary.

All spoken and written communications will start and end with the statement “THIS IS A DRILL.”

EXERCISE LOGISTICS

Safety

Exercise participant safety takes priority over exercise events. The following general requirements apply to the exercise:

- The Lead Controller is responsible for participant safety; any safety concerns must be immediately reported to the Lead Controller. The Lead Controller will determine if a real-world emergency warrants a pause in exercise play and when exercise play can be resumed.
- Real-world emergency actions take priority over exercise actions. **The safety phrase to communicate to all exercise participants that the exercise will be terminated due to a real-world emergency is “TERMINATE EXERCISE DUE TO REAL WORLD EMERGENCY.”**
- The following procedures should be used in case of a real emergency during the exercise:
 - Anyone who observes a participant who is seriously ill or injured will immediately notify emergency services and the closest controller, and within reason and training, render aid.
 - The controller aware of a real emergency will initiate the real-world emergency (“**TERMINATE EXERCISE DUE TO REAL WORLD EMERGENCY**”) broadcast and provide the Lead Controller with the location of the emergency and resources needed, if any.

Fire Safety

Standard fire and safety regulations relevant to the Disaster Struck Facilities, DOC, and Resident Accepting Facilities will be followed during the exercise.

Emergency Medical Services

Standard EMS response protocols will dictate the necessary response actions, in the event of a real-world emergency.

Weapons Policy

All participants will follow the relevant weapons policy for all Disaster Struck Facilities, DOC, and Resident Accepting Facilities.

Site Access

Security

If entry control is required for the exercise venue(s), the host organization is responsible for arranging appropriate security measures. To prevent interruption of the exercise,

access to exercise sites is limited to exercise participants. Players should advise their venue's controller or evaluator of any unauthorized persons.

Media / Observer Coordination

Organizations with media personnel and/or observers attending the exercise should coordinate with the host organization for access to the exercise site. Media / Observers are escorted to designated areas and accompanied by a host organization representative at all times. Host organization representatives and/or the exercise controller may be present to explain exercise conduct and answer questions. Exercise participants should be advised of media and/or observer presence. Any media inquiries should be directed to the Rhode Island Department of Health Public Information Officer (401-222-3998).

Exercise Identification

Exercise staff will be identified by name badges (Controllers, Evaluators, Observers, and Actors) to clearly display exercise roles.

POST-EXERCISE AND EVALUATION ACTIVITIES

Debriefings

Post-exercise debriefings aim to collect sufficient relevant data to support effective evaluation and improvement planning.

Hotwash

At the conclusion of exercise play, controllers facilitate a hotwash to allow players to discuss strengths and areas for improvement, and evaluators to seek clarification regarding player actions and decision-making processes. All participants may attend; however, observers are not encouraged to attend the meeting. The hotwash should not exceed 60 minutes.

Controller and Evaluator Debriefing

Controllers and evaluators attend a facilitated Controller/Evaluator Debriefing immediately following the exercise. During this debriefing, controllers and evaluators provide an overview of their observed functional areas and discuss strengths and areas for improvement.

Online Questionnaire

The online questionnaire provides players with the opportunity to comment candidly on exercise activities and exercise design. Online questionnaires should be completed within one week after the exercise at www.mutualaidplan.org/ri.

Facility After Action Report (AAR)

All facilities are to complete a Facility After Exercise Report. This Facility After Exercise Report will be used to document the exercise for your regulatory authority. The Facility After Exercise Report should be completed within one week after the exercise at www.mutualaidplan.org/ri.

Evaluation

Exercise Evaluation Guides (EEGs)

EEGs will be provided to assist evaluators in collecting relevant exercise observations. EEGs document exercise objectives and aligned capabilities, capability targets, and critical tasks. Each EEG provides evaluators with information on what they should expect to see demonstrated in their functional area. The EEGs, coupled with online questionnaires and hotwash notes, are used to evaluate the exercise and compile the overarching RI LTC-MAP After Action Report (AAR).

After Action Report

The AAR summarizes key information related to evaluation. The AAR primarily focuses on the analysis of capabilities, including capability performance, strengths, and areas for improvement. AARs also include basic exercise information, such as the exercise name, type of exercise, dates, location, participating organizations, mission area(s), specific threat or hazard, a brief scenario description, and the name of the exercise sponsor and POC. The overarching RI LTC-MAP AAR will be completed by Russell Phillips & Associates.

Improvement Planning

Improvement planning is the process by which the observations recorded in AARs are resolved through development of concrete corrective actions, which are prioritized and tracked as a part of a continuous corrective action program.

After Action Meeting

The After Action Meeting (AAM) is a meeting held among decision and policy makers from the exercising organizations, as well as the Lead Evaluator and members of the Exercise Planning Team, to debrief the exercise and to review and refine the draft AAR and Improvement Plan (IP). The AAM should be an interactive session, providing attendees the opportunity to discuss and validate the observations and corrective actions in the draft AAR/IP.

Improvement Plan

Lessons learned and recommendations from the AAR will be incorporated into an Improvement Plan (IP). The IP identifies how recommendations will be addressed, including what actions will be taken, who is responsible, and the timeline for completion. The IP will be completed by Russell Phillips & Associates, and discussed and validated during the AAM.

PARTICIPANT INFORMATION AND GUIDANCE

Exercise Rules

The following general rules govern exercise play:

- Real-world emergency actions take priority over exercise actions.
- Exercise players will comply with real-world emergency procedures, unless otherwise directed by the control staff.
- All communications (including written, radio, telephone, fax, and e-mail) during the exercise will begin and end with the statement **“This is a drill”**.

Player Instructions

Before the Exercise (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:
 - Facility Information, specifically:
 - Facility address, phone and fax numbers
 - Generator information
 - Contact information:
 - The e-mail address, office, cell, and home numbers for the Administrator, Director of Nursing and Facilities Manager, at a minimum
 - LTC Beds:
 - Update your categories of care and information about the number of residents in a dementia-secured unit (if applicable)
 - Evacuation Sites:
 - List your top 10 evacuation sites (cross-reference with categories of care)
 - Vendors:
 - Add in all of your vendors. At a minimum, you should have your critical vendors listed.

During the Exercise

Respond to exercise events and information as if the emergency was real, unless otherwise directed by an exercise controller.

Controllers will only give you information they are specifically directed to disseminate. You are expected to obtain other necessary information through existing emergency information channels.

Do not engage in personal conversations with controllers, evaluators, observers, or media personnel. If you are asked an exercise-related question, give a short, concise answer. If

you are busy and cannot immediately respond, indicate that, but report back with an answer as soon as possible.

If you do not understand the scope of the exercise, or if you are uncertain about an organization's or agency's participation in an exercise, ask a controller.

Parts of the scenario may seem implausible. Recognize that the exercise has objectives to satisfy and may require incorporation of unrealistic aspects. Every effort has been made by the exercise's trusted agents to balance realism with safety and to create an effective learning and evaluation environment.

All exercise communications will begin and end with the statement "This is a drill." This precaution is taken so that anyone who overhears the conversation will not mistake exercise play for a real-world emergency.

Speak when you take an action. This procedure will ensure that evaluators are aware of critical actions as they occur.

Maintain a log of your activities. Many times, this log may include documentation of activities that were missed by a controller or evaluator.

After the Exercise

Participate in the Hotwash Conference Call with controllers and evaluators, as appropriate. Controllers and evaluators will have a separate hotwash for the overall events.

Provide any notes or materials generated from the exercise to a controller or evaluator for review and inclusion in the AAR.

All participants are requested to complete the Online Questionnaire for Resident Accepting Facilities located at www.mutualaidplan.org/ri immediately following the exercise.

All participants are to complete a facility After Action Report to document the exercise for your regulatory authority. This report is located at www.mutualaidplan.org/ri.

APPENDIX A: EXERCISE SCHEDULE

Northern Region April 10, 2017 / Southern Region April 11, 2017

Exercise Day

| | |
|--------|--|
| 08:00: | RPA Controllers arrive at the DOC and DSFs to review and set up. |
| 08:30 | RPA Event Controller conducts a Conference Call with DSFs and DSF Controllers |
| 09:00: | STARTEX: Exercise commences via the Rhode Island Health Notification System message. |
| 09:15 | All Regional plan members complete their Emergency Reporting |
| 09:20 | Wave 1: All RAFs receive a Constant Contact message with attached Resident Emergency Evacuation Forms, Medical Record Equipment Tracking Form, and Influx of Resident form. |
| 09:30: | Regional Conference Call. All Region 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 finds open beds and transportation for entire census of DSF. RAFs prepare to receive residents: <ul style="list-style-type: none">• Establish Intake or Triage area• Establish a Surge area |
| 09:50: | Clinical Handoffs commence with the RAFs. (Min of 10) |
| 10:00: | RAFs start the process of “Receiving” their mock residents. To support the influx of residents, the RAF should have completed: <ul style="list-style-type: none">• Set up of intake and surge areas• Clinician discussions with the DSF• Conducting staff call-backs• Contacting vendors for supplies and equipment• “Closing the Loop” – Confirm receipt of the residents via the DOC |
| 11:30: | ENDEX: Exercise concludes via a Rhode Island Health Notification System message. |
| 11:45: | All exercise participants to join the Hotwash Conference Call with their internal team. Dial In # 1-888-801-6157, Access Code: 83431968 |
| 12:45: | Exercise Hotwash Conference Call concludes |

APPENDIX B: EXERCISE SCENARIO

Situation / Status Report 1: (24 - 48 Hours Pre-exercise)

THIS IS A DRILL.

SPECIAL WEATHER STATEMENT FROM THE NATIONAL WEATHER SERVICE IN TAUNTON...

THE NATIONAL WEATHER SERVICE IN TAUNTON IS PREDICTING SEVERE WEATHER ACROSS RHODE ISLAND FOR THE NEXT THREE DAYS. THERE IS THE POTENTIAL FOR TORNADOS, SEVERE THUNDERSTORMS, HAIL, HIGH WINDS, HEAVY RAIN, AND LOCALIZED FLOODING IN THE NEXT 24 TO 48 HOURS.

THIS IS A DRILL

Situation / Status Report 2: (24 Hours Pre-exercise)

THIS IS A DRILL.

THE NATIONAL WEATHER SERVICE IN TAUNTON HAS ISSUED A HIGH WIND WATCH, SEVERE THUNDERSTORM WATCH, AND FLOOD WATCH FOR RHODE ISLAND ...

RHODE ISLAND HAS THE POTENTIAL TO EXPERIENCE A TORNADO AND SEVERE THUNDERSTORMS WITH HEAVY RAIN. FLOOD WATCHES ARE BEING POSTED IN AREAS AROUND STREAMS AND RIVERS.

THIS IS A DRILL.

Day of Exercise: 8:40 AM

THIS IS A DRILL.

NATIONAL WEATHER SERVICE IS ISSUING A HIGH WIND WARNING FOR THE STATE OF RHODE ISLAND ...

...NATIONAL WEATHER SERVICE METEOROLOGISTS HAVE DETECTED STRAIGHT LINE WINDS OF 70-80 MPH IN THE STATE. PLEASE TAKE COVER IMMEDIATELY.

THIS IS A DRILL.

Day of Exercise: 8:55 AM

THIS IS A DRILL.

Reports are coming in that several healthcare facilities have suffered structural damage and loss of commercial power. Several LTC-MAP members are affected and have established their Internal Command Centers.

Several facilities will be evacuating to other healthcare Facilities within the region due to extensive damage and lack of power. The call to activate the Rhode Island Long Term Care Mutual Aid Plan is being made.

THIS IS A DRILL.

APPENDIX C: EXERCISE PREPARATION LOGISTICS

REQUIRED DRILL PARTICIPANTS:

Controllers:

- a. Lead – DOC Controller: RPA
- b. Lead – DSF Controllers:
 - a. Northern Region – 2 Controllers
 - b. Southern Region – 2 Controllers

Evaluators:

- a. DOC Evaluator: TBD
- b. DSF Command Center Evaluators: TBD (To be assigned by DSF)
- c. RAF Evaluators: TBD (Steering Committee members or assigned by RAF).
Evaluators who are Steering Committee members will travel to 3-5 RAFs during the exercise to evaluate the RAFs' exercise play and provide onsite guidance and feedback, utilizing the RAF Exercise Checklist.
 - a. Northern & Southern Regions: 3-5 RAF Controller / Evaluators

DOC Staff:

- a. Minimum 6 Responders per region

DSF Staff:

- a. Command Center: 3-5 staff
- b. Holding Area: 2 staff
- c. Clinicians to assist with calls to RAFs

RAF Staff:

- a. Mock Residents: designated staff, volunteers, or facility residents to act as "DSF Mock Residents" and go through the influx process at the RAF. Ideally 5-10 mock residents that can go through the process several times to simulate a surge of residents coming into the RAF.
- b. Command Center: 3-4 staff
- c. Influx Area: 2 staff
- d. Clinicians to assist with calls from DSF: 1 staff

APPENDIX D: COMMUNICATIONS PLAN

Exercise Start, Suspension, and Termination Instructions

Normal internal alert processes will be used to announce the start of the exercise and exercise suspension or termination.

All spoken and written communications will start and end with the statement “THIS IS A DRILL.”

Player Communications

Exercise communications do not interfere with real-world emergency communications. Players use routine organization communications systems. Additional communication assets may be made available as the exercise progresses. Each venue or organization coordinates its internal communication networks and channels.

Controller Communications

The principal methods of information transfer for controllers during the exercise are landline or cellular telephone, text, and Zello direct connect. The controller communications network allows the Senior Controller to make and announce universal changes in exercise documentation, such as changes to the Master Scenario Events List (MSEL).

The primary means of communication among the controllers and players is landline or cellular telephone and fax. A list of key telephone and fax numbers will be available before the exercise starts.

Communications Check

Before the exercise, the controllers will conduct a communications check with all interfacing communications nodes to ensure redundancy and uninterrupted flow of control information.

Player Briefing

Controllers may be required to provide scenario details to participants to begin exercise play. Technical handouts or other materials also may be provided to orient players with the exercise.

Public Affairs

The host organization and participating organizations are responsible for coordinating and disseminating public information before the exercise. Each venue should follow internal policy and procedures. If requested, the DOC can assist with media inquiries and statements.