



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



## 2018 Full-Scale Exercises: All Members Exercised as Disaster Struck Facilities (DSFs) Exercise Plan

**Southern Region – June 20, 2018**  
**Northern Region – June 21, 2018**

Date: May 8, 2018



**Exercise Plan  
(ExPlan)**



**Rhode Island Regional Facility Evacuation & Resource/Asset Support  
Full-Scale Exercise**

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**Exercise Plan  
(ExPlan)**

**RI LTC-MAP**

## 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 each member of the LTC-MAP being a simulated Disaster Struck Facility (DSF). Each LTC-MAP region (North and South) will exercise on their assigned date, providing an opportunity for all participating LTC-MAP members to practice and test their internal emergency operations plans along with components of the LTC-MAP. As an element of this, RPA, RIDOH, and LTC-MAP Responders will conduct several onsite visits to LTC-MAP members to ensure all components of the exercise are being fulfilled, as well as to identify best practices and areas of improvement in the LTC-MAP system and members' internal responses.

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 conduct periodic reviews of their disaster procedures. This exercise also supports the following objectives required of the Rhode Island Department of Health (RIDOH) and the Healthcare Coalition of Rhode Island (HCRI) through the Hospital Preparedness Program (HPP) and its associated Health Care Preparedness and Response Capabilities:

### **Capability 1: Foundation for Health Care and Medical Readiness**

Objective 4, Activity 1: Promote Role-Appropriate National Incident Management System Implementation

Objective 4, Activity 2: Educate and Train on Identified Preparedness and Response Gaps

Objective 4, Activity 3: Plan and Conduct Coordinated Exercises with Health Care Coalition Members and Other Response Organizations

Objective 4, Activity 4: Align Exercises with Federal Standards and Facility Regulatory and Accreditation Requirements

Objective 4, Activity 5: Evaluate Exercises and Responses to Emergencies

Objective 4, Activity 6: Share Leading Practices and Lessons Learned

The exercise also supports the following as part of the CDC's Public Health Preparedness Capabilities:

**Capability 1: Community Preparedness**

Function 4: Coordinate training or guidance to ensure community engagement in preparedness efforts

## HANDLING INSTRUCTIONS

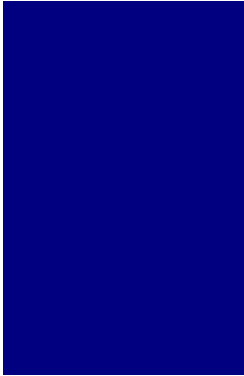
1. The title of this document is the 2018 RI LTC-MAP Regional Facility Evacuation and Resource / Asset Support Exercise Plan (ExPlan).
2. Information gathered in this ExPlan is designated as For Official Use Only (FOUO) and should be handled as sensitive information that is not to be disclosed. This 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.

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## EXERCISE OVERVIEW

<b>Exercise Name</b>	<b>2018 RI LTC-MAP Regional Facility Evacuation &amp; Resource / Asset Support Full-Scale Exercise</b>
<b>Exercise Dates</b>	Southern Region – June 20, 2018 8:30am – 12:45pm Northern Region – June 21, 2018 8:30am – 12:45pm
<b>Exercise Scope</b>	<p>In this year’s exercise, all RI Long Term Care Mutual Aid Plan (LTC-MAP) members will participate as Disaster-Struck Facilities that have been impacted by a natural disaster. Resident Accepting Facilities will be simulated by the exercise controllers. This will allow members the opportunity to test not only elements of the LTC-MAP, but also their own internal emergency plans, as well. Components of LTC-MAP and internal plans that will be tested include:</p> <ul style="list-style-type: none"> <li>• Activation of facility command centers;</li> <li>• Reporting operational status;</li> <li>• Virtual activation of LTC Responders;</li> <li>• Completion of Transportation Evacuation Surveys;</li> <li>• Activation and setup of internal holding areas;</li> <li>• Matching residents to available Resident Accepting Facility beds; and</li> <li>• Submission of the “Resident / Medical Record / Staff / Equipment” tracking sheet to the Rhode Island Department of Health (RIDOH)</li> </ul> <p>While evacuation of the Disaster-Struck Facilities (DSFs) generally will be notional, all members will receive a request to complete their Transportation Evacuation Survey (see instructions on how to complete this action by visiting <a href="http://www.mutualaidplan.org/ri">www.mutualaidplan.org/ri</a>) using real information from their current censuses. Members will also be asked to simulate the evacuation of their floors using at least two of their staff members or other volunteers to act as mock residents. Members should use this opportunity to test internal evacuation plans and equipment.</p> <p>In order to support this year’s approach, minimal activity will occur at RIDOH’s Department Operations Center (DOC). Instead, LTC Responders will be activated remotely to follow up with non-responding facilities to support their emergency reporting. Personnel who normally operate in the DOC, specifically RIDOH and Healthcare Coalition of Rhode Island (HCRI) personnel, will visit a number of</p>



facilities during the exercise to observe their internal responses and identify best practices and potential areas for improvement.

Even though RIDOH's DOC will not be fully operational, LTC-MAP members will be asked to submit completed Resident/Medical Record/Staff/Equipment tracking sheet Sheets to RIDOH, after matching evacuating residents with available beds at simulated Resident Accepting Facilities. Information on available beds will be provided to participants at the time of the exercise by Exercise Controllers.

**Mission Area(s)**

Response

**Public Health Preparedness Capabilities and Health Care Preparedness and Response Capabilities with Associated Objectives or Functions**

The capabilities listed below, as identified in the Public Health Preparedness (PHP) Capabilities issued by the Centers for Disease Control and Prevention (CDC) in 2011, as well as the Health Care Preparedness and Response (HCPR) Capabilities, National Guidance for Healthcare System Preparedness, published in November 2016, 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:

**HCPR Capability 1: Foundation for Health Care and Medical Readiness**  
Objective 2, Activity 2: Assess Regional Health Care Resources

**HCPR Capability 2: Health Care and Medical Response Coordination**  
Objective 2, Activity 3: Utilize Communications Systems and Platforms  
Objective 3, Activity 1: Identify and Coordinate Resource Needs during an Emergency  
Objective 3, Activity 3: Communicate with Health Care Providers, Non-Clinical Staff, Patients, and Visitors during an Emergency

**HCPR Capability 3: Continuity of Health Care Services Delivery**  
Objective 6, Activity 1: Develop and Implement Evacuation and Relocation Plans  
Objective 6, Activity 2: Develop and Implement Evacuation Transportation Plans

**HCPR Capability 4: Medical Surge**  
Objective 2, Activity 2: Implement Out-of-Hospital Medical Surge Response



	<p><b>PHP Capability 6:</b> Information Sharing <u>Function 3:</u> Exchange information to determine a common operating picture</p> <p><b>PHP Capability 10:</b> Medical Surge <u>Function 1:</u> Assess the nature and scope of the incident</p>									
<p><b>Threat or Hazard</b></p>	<p>Tropical Storm</p>									
<p><b>Scenario</b></p>	<p>A tropical storm has caused localized flooding, power outages, and structural damage to all nursing homes and assisted living communities in Rhode Island. With the threat of another tropical storm coming up the coast in the next 72 hours, all LTC-MAP members are forced to evacuate their facilities or communities.</p>									
<p><b>Sponsor</b></p>	<p><b>Rhode Island Long Term Care Mutual Aid Plan (LTC-MAP)</b> 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 CMS Civil Monetary Penalty Funds provided by the RI Executive Office of Health and Human Services</p>									
<p><b>Participating Organizations</b></p>	<table border="1"> <thead> <tr> <th data-bbox="448 1115 1412 1163">Participating Agencies and Organizations</th> </tr> </thead> <tbody> <tr> <td data-bbox="448 1163 1412 1276">The Healthcare Coalition of Rhode Island (co-chaired by the Rhode Island Department of Health [RIDOH] and the Hospital Association of Rhode Island [HARI])</td> </tr> <tr> <td data-bbox="448 1276 1412 1352">All long-term care facilities and assisted living communities in Rhode Island</td> </tr> <tr> <td data-bbox="448 1352 1412 1400">Local fire departments, EMS, and emergency management officials</td> </tr> <tr> <td data-bbox="448 1400 1412 1449">Russell Phillips &amp; Associates, LLC</td> </tr> <tr> <td data-bbox="448 1449 1412 1497">Rhode Island Assisted Living Association</td> </tr> <tr> <td data-bbox="448 1497 1412 1545">LeadingAge Rhode Island</td> </tr> <tr> <td data-bbox="448 1545 1412 1593">Rhode Island Health Care Association</td> </tr> <tr> <td data-bbox="448 1593 1412 1640">Rhode Island Long-Term Care Ombudsman</td> </tr> </tbody> </table>	Participating Agencies and Organizations	The Healthcare Coalition of Rhode Island (co-chaired by the Rhode Island Department of Health [RIDOH] and the Hospital Association of Rhode Island [HARI])	All long-term care facilities and assisted living communities in Rhode Island	Local fire departments, EMS, and emergency management officials	Russell Phillips & Associates, LLC	Rhode Island Assisted Living Association	LeadingAge Rhode Island	Rhode Island Health Care Association	Rhode Island Long-Term Care Ombudsman
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LeadingAge Rhode Island										
Rhode Island Health Care Association										
Rhode Island Long-Term Care Ombudsman										

**Points of  
Contact**

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## GENERAL INFORMATION

### Acronyms:

<b>DSF:</b>	Disaster Struck Facility
<b>EMS:</b>	Emergency Medical Services
<b>DOC:</b>	Department Operation Center
<b>RAF:</b>	Resident Accepting Facility
<b>RIDOH:</b>	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 HCPR and PHP capabilities, which are distinct critical elements necessary to achieve the specific mission area(s). The objectives and capabilities are selected by the Exercise Planning Team.

HCPR/PHP Capability	Exercise Objectives
<p><b>PHP Capability 10:</b> Medical Surge</p> <ul style="list-style-type: none"> <li>• <b>Function 1:</b> Assess the nature and scope of the incident</li> </ul> <p><b>HCPR Capability 2:</b> Health Care and Medical Response Coordination</p> <ul style="list-style-type: none"> <li>• <b>Objective 3, Activity 1:</b> Identify and Coordinate Resource Needs during an Emergency</li> </ul> <p><b>HCPR Capability 3:</b> Continuity of Health Care Service Delivery</p> <ul style="list-style-type: none"> <li>• <b>Objective 6, Activity 2:</b> Develop and Implement Evacuation Transportation Plans</li> </ul> <p><b>HCPR Capability 4:</b> Medical Surge</p> <ul style="list-style-type: none"> <li>• <b>Objective 2, Activity 2:</b> Implement Out-of-Hospital Medical Surge Response</li> </ul>	<ul style="list-style-type: none"> <li>• Determine the transportation needs of the full census of their building at the time of the exercise by completing Transportation Evacuation Surveys.</li> <li>• Activate and set up internal holding areas to prepare residents for movement.</li> <li>• Demonstrate the ability to track residents by properly completing required documents (Staff/Equipment/Tracking Sheets)</li> <li>• Demonstrate the ability to fill resource gaps through members' vendor support process.</li> </ul>

<p><b>HCPR Capability 3:</b> Continuity of Health Care Service Delivery</p> <ul style="list-style-type: none"> <li>• <b>Objective 6, Activity 1:</b> Develop and Implement Evacuation and Relocation Plans</li> </ul>	<ul style="list-style-type: none"> <li>• Demonstrate effective response and evacuation coordination by DSF personnel through the use of ICS and community partner involvement.</li> <li>• Demonstrate the ability to match categories of care of mock residents to provided RAFs.</li> </ul>
<p><b>PHP Capability 6:</b> Information Sharing</p> <ul style="list-style-type: none"> <li>• <b>Function 3:</b> Exchange information to determine a common operating picture</li> </ul> <p><b>HCPR Capability 2:</b> Health Care and Medical Response Coordination</p> <ul style="list-style-type: none"> <li>• <b>Objective 2, Activity 3:</b> Utilize Communications Systems and Platforms</li> </ul>	<ul style="list-style-type: none"> <li>• 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).</li> <li>• Ensure that 100% of activated LTC-MAP members complete Emergency Reporting within the timeline established.</li> <li>• Ensure that LTC-MAP members provide ongoing information and situational reports via online emergency reporting system as their internal situations escalate.</li> </ul>

## 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.** 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 the Lead 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 Lead 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). Please note. Evaluators from this year's Full-Scale Exercise should be Community Partners, Corporate Office Leadership, volunteers, etc.
- **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 and move the pace of play during the exercise.

**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 DSFs and the DOC 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 DSFs and the DOC.

### Site Access

#### Security

If entry control is required for the exercise venue(s), the host (RIDOH) or participating organization (nursing home or assisted living community) 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 venues' 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 (RIDOH) or participating organization (nursing home or assisted living community) for access to the exercise site. Media / Observers are escorted to designated areas and accompanied by a host organization representative at all times. Host or participating 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](http://www.mutualaidplan.org/ri).

### Facility After Action Report (FAAR)

All facilities are to complete a Facility After Action Report. This Facility After Action Report will be used to document the exercise for regulatory authorities. The Facility After Action Report should be completed within one week after the exercise at [www.mutualaidplan.org/ri](http://www.mutualaidplan.org/ri).

**Please note:** All members must save the Facility After Action Report with your internal documents. RPA nor RIDOH CEPR will not be obtaining copies of these reports.

## Evaluation

### Exercise Evaluation Guides (EEGs)

EEGs will be provided to assist evaluators in collecting relevant exercise observations. The EEGs will be posted on the LTC-MAP website 1 week prior to the exercise. The EEGs can be downloaded and printed prior to the exercises. 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 and will be available to LTC-MAP members as an additional source of documentation about the exercise.

### **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 June 11, 2018)

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](http://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.

Information will be given out prior to start of the exercises that are specific to the reason(s) of evacuation. You are expected to obtain other necessary information through existing emergency information channels.

Do not engage in personal conversations with any potential 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, a number will be provided to you where you can ask, in real time, any exercise related questions.

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 observers and evaluators, as appropriate. Observers 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 located at [www.mutualaidplan.org/ri](http://www.mutualaidplan.org/ri) immediately following the exercise.

All participants are to complete a Facility After Action Report to document the exercise for regulatory authorities. This template for the Facility After Action Report is located at [www.mutualaidplan.org/ri](http://www.mutualaidplan.org/ri).

**Please note:** All members must save the Facility After Action Report with your internal documents. RPA nor RIDOH CEPR will not be obtaining copies of these reports.

## APPENDIX A: EXERCISE SCHEDULE

### Southern Region June 20, 2018 / Northern Region June 21, 2018

#### Exercise Day

- 09:00: **STARTEX:** Exercise commences with an alert from the Rhode Island Health Notification System.
- 09:15: All plan members from the participating LTC-MAP region (Northern or Southern) complete Emergency Reporting. Include Operational Issues and reason for evacuation of your facility in the Emergency Reporting. **All plan members complete Emergency Reporting by 9:30 AM.**
- 09:20: All Plan members from the participating LTC-MAP region activate their Command Centers and review internal actions that must be conducted (*complete Transportation Evacuation Survey, create Incident Action Plan, review evacuation plans, etc.*).
- 09:30: **Regional Conference Call.** All Plan members from the participating region join call for a Situational Briefing. (See dial-in number and access code below)  
**Dial-In # 1-641-715-3865 Access Code 164616#**
- 09:45: Mock Resident Accepting Facilities/Communities (RAF) are sent out via Constant Contact. These are **NOT** real LTC-MAP facilities. Each DSF will determine proper placement for their mock residents based on bed availability and categories of care provided by the mock RAFs. DSFs prepare to send residents by:
- Establishing holding area
  - Physically moving mock resident(s) into holding area (factoring in multi-level facilities when applicable)
- 09:50: All DSFs fill out Rhode Island Emergency Evacuation Forms for 10% of their licensed beds (max. 20), using real clinical information from residents, but substituting fake names for real ones.  
**Please note:** You can print these forms off at [www.mutualaidplan.org/ri](http://www.mutualaidplan.org/ri).  
*You do not have to use your triplicate forms, however, the use of the triplicate forms is up to each individual LTC-MAP member.*
- 10:00: With the list of mock RAF beds, DSFs complete Rhode Island Staff / Equipment / Tracking Sheets and finish determining proper placement of mock residents.
- Review how to package the residents
  - Review staffing levels pertaining to the evacuation
  - Review pickup locations of arriving transportation
- 10:30: DSFs review recovery efforts.
- Contacting vendors for supplies and equipment that would be needed to bring the facility back operating status
  - Messaging to family / media about reopening the building and any actions needed from them
- 11:30: **ENDEX:** Exercise concludes via an alert from the Rhode Island Health Notification System.

- 11:45: All exercise participants to join the Hotwash Conference Call with their internal teams.  
**Dial-In # 1-641-715-3865 Access Code 164616#**
- 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...

A TROPICAL STORM WATCH HAS BEEN ISSUED FOR RHODE ISLAND. STORM TO ARRIVE WITHIN THE NEXT TWO DAYS. THERE IS THE POTENTIAL FOR 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 TROPICAL STORM WATCH, SEVERE THUNDERSTORM WATCH, AND FLOOD WATCH FOR RHODE ISLAND ...

RHODE ISLAND HAS THE POTENTIAL TO EXPERIENCE SEVERE THUNDERSTORMS WITH HEAVY RAIN AND HIGH WINDS. THERE IS A POTENTIAL FOR PROPERTY DAMAGE. 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.***

THE NATIONAL WEATHER SERVICE IS ISSUING A TROPICAL STORM WARNING FOR THE ENTIRE STATE OF RHODE ISLAND ...

...NATIONAL WEATHER SERVICE METEOROLOGISTS HAVE DETECTED THE POTENTIAL FOR DAMAGING WINDS AND FLYING DEBRIS. PLEASE TAKE COVER IMMEDIATELY.

***THIS IS A DRILL.***

### Day of Exercise: 8:55 AM

***THIS IS A DRILL.***

Reports are coming in that many healthcare facilities have suffered structural damage, flooding, and loss of commercial power from the tropical storm. If not already done, LTC-MAP members should activate their internal Command Centers immediately.

Because of a second storm approaching, all LTC-MAP members require evacuation. RIDOH has been notified and is activating LTC-MAP Emergency Reporting. Please complete Transportation Evacuation Surveys for all of your residents. For instructions on how to complete your Transportation Evacuation Survey, please visit [www.mutualaidplan.org/ri](http://www.mutualaidplan.org/ri) and under Plan Documents select the "Transportation Evacuation Survey Quick Reference Guide".

***THIS IS A DRILL.***



## APPENDIX C: EXERCISE PREPARATION LOGISTICS

### **REQUIRED DRILL PARTICIPANTS:**

#### Controllers:

- a. Lead – DOC Controller: RPA
- b. RIDOH / HCRI Field Observers: 3-5 RIDOH / HCRI Observers will be in the field visiting two (2) DSFs per region each day.
- c. Two (2) RPA Controllers: Two (2) RPA consultants will be in the field visiting two (2) DSFs per region each day.

#### Evaluators:

- a. DSF Command Center Evaluators. Each LTC-MAP facility/community should reach out to community partners to determine if they could be an evaluator during this full-scale exercise. If community partners are unable to attend, consider recruiting corporate leadership, volunteers, staff from different shift (night supervisor, manager, etc.), or resident family members to serve in this role.

LTC-MAP Responders: Will be working remotely from their facilities. When requested, will be given specific/various tasks.

#### DOC Staff:

- a. RPA Onsite to ensure exercise control
  - RIDOH from regulatory agencies may be observing the exercise from inside DOC

#### DSF Staff:

- a. Command Center: 3-5 staff
- b. Holding Area: 2 staff
- c. Support Staff: 3 staff

## APPENDIX D: COMMUNICATIONS PLAN

### Exercise Start, Suspension, and Termination Instructions

The Rhode Island Health Notification System will be used to send messages about the start and termination of the exercise. Normal internal alert processes within facilities 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 Lead Controller to make and announce universal changes to the 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 (RIDOH) and participating organizations (nursing homes and assisted living communities) 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.