

FACILITY AFTER ACTION REPORT / IMPROVEMENT PLAN

Facility Name	_____
Exercise Name	2018 Commercial Power Loss, Major Water Leak, Evacuation Tabletop Exercise
Exercise Date	May 23, 2018
Scope	<p>This Tabletop exercise took place as part of The Connecticut Long Term Care Mutual Aid Plan (LTC-MAP) Annual Education Conference. This exercise reinforces discussions and presentations on the CMS Emergency Preparedness Program requirements, including:</p> <ul style="list-style-type: none"> • Hazard Vulnerability Assessments (HVA) & Mitigation Plans • Plan Design and Implementation: <ul style="list-style-type: none"> ○ Emergency Preparedness Plan (EPP) ○ Incident Command System (ICS) ○ Communications Plan ○ Full Building Evacuation Plan ○ Influx/Surge Plan ○ Individual Disaster Response Procedures ○ Recovery Plan & Continuity of Operations (COOP) • Training and Testing: Provide guidance on minimum requirements and effective Training and Testing Programs. <p>This Tabletop exercise included a group discussion led by a facilitator, using a narrated, clinically relevant emergency escalating scenario. For each operational period, a scenario was presented, and the participants were charged with applying their own emergency procedures by answering prepared questions, designed to challenge their emergency plans.</p>
Mission Area(s)	Response

**Healthcare
System
Preparedness
Capabilities
with
Associated
Functions**

The capabilities listed below, as identified in the 2017 – 2022 Health Care Preparedness and Response Capabilities, 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:

Capability 1: Foundation for Health Care and Medical Readiness
Objective 4: Train and Prepare the Health Care and Medical Workforce
Activity 3: Plan and Conduct Coordinated Exercises with Health Care Coalitions Members and Other Response Organizations.

Capability 2: Health Care and Medical Response Coordination
Objective 3: Coordinate Response Strategy, Resources and Communications.
Activity 1: Identify and Coordinate Resource Needs during an Emergency

Capability 3: Continuity of Health Care Service Delivery
Objective 6: Plan for and Coordinate Health Care Evacuation and Relocation
Activity 1: Develop and Implement Evacuation and Relocation Plans

**Threat or
Hazard**

Extreme weather produces extended loss of commercial power, followed by major water leak into resident care areas, forcing evacuation of residents to receiving facilities.

Scenarios

Operational Period 1: Loss of Commercial Power

Scenario: Friday evening at 7pm, as the result of a prolonged heavy winds and rain, there is a loss of Commercial Power. It is determined, after consultation with local Emergency Management, Eversource and United Illuminating that it will be 12 – 24 hours before commercial power will be restored.

Operational Period 2: Major Water Leak

Scenario: Friday evening at 10pm there is a large “bang” overhead, and water <a lot of water>, is coming out of the ceilings. A fire sprinkler, water supply pipe located in the ceiling space unexpectedly separated at a coupling joint and allowed large volumes of pressurized water to flow into the facility. Fire Alarms are sounding (from the sprinkler system water flow) and there are rapidly deteriorating building conditions in these areas of the facility. Initial actions of staff present are to quickly move residents from the direct area of flowing water.

Operational Period 3: Evacuation

Scenario: Water flow has now stopped, but it ran for nearly 25 minutes total, and there is 6 to 8 inches deep of water in much of the building. It is 12am Saturday Morning, and after discussion with local authorities and facility administration, it is determined that evacuation of all the residents is necessary.

Operational Period 4: Recovery

Scenario: It is now 6:30am Saturday Morning, Residents are evacuated to receiving facilities, the press is onsite, and local emergency services are clearing the scene.

Sponsor

**Connecticut Long Term Care Mutual Aid Plan (LTC-MAP)
Funded by: The Connecticut Department of Public Health and
the Civil Money Penalty (CMP) Fund**

Participating Organizations

Participating Organizations	
	Connecticut Department of Public Health, Facility Licensing & Investigations Section (FLIS)
	Connecticut Department of Public Health, Office of Public Health Preparedness and Response (OPHP&R)
	Connecticut Department of Emergency Services and Public Protection, Division of Emergency Management and Homeland Security (DEMHS)
	Local Health Departments, Fire Departments, EMS and Emergency Management Officials
	Long Term Care Mutual Aid Plan (LTC-MAP) Member Facilities
	Regional Healthcare Coalitions / ESF#8s
	RPA a JENSEN HUGHES Company

Points of Contact

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ANALYSIS OF CORE CAPABILITIES

The following section provides an overview of the performance related to each exercise operational period and providing an opportunity to highlight strengths and areas for improvement.

Operational Period 1: Loss of Commercial Power	
How would you communicate with the LTC Coordinating Center?	
What internal actions would you expect the person in charge to take, including internal and external notifications?	
How many hours of fuel do your generators have?	
<p>Does your generator, or battery back-up devices, provide alternate power for the following items?</p> <ul style="list-style-type: none"> • Emergency Lighting • Fire Detection, extinguishing, and alarm systems • Sewage and waste disposal • Temperatures to protect resident health and safety and for the safe and sanitary storage of provisions <p>If not, what contingency plans do you have in place?</p>	
Strengths:	Areas of Improvement:

Operational Period 2: Major Water Leak	
Who in the building knows where the sprinkler shut-offs are?	
<p>What areas of your building can accommodate an internal relocation of residents (e.g., common areas)?</p> <p>What supplies would you need to assemble to accommodate this and do you have them on-hand?</p>	
Once the initial emergency relocation happens, the Fire Department is on scene and trying to shut down the water flow. Who is the Facility Incident Commander and where will your Command Center be established?	
<p>If necessary where are your established Stop-Over Points?</p> <p>Who do you contact to establish them?</p> <p>Do you have Memorandums of Understanding (MOUs) for these?</p>	
Strengths:	Areas of Improvement:

Operational Period 3: Evacuation	
What are the Incident Command System positions you would anticipate needing to assign at this point to manage this incident?	
How do you determine / notify potential receiving facilities?	
Where do you get information to give to EMS as to what transportation is necessary?	
What is your Communication Plan: <ul style="list-style-type: none"> • How would you notify resident's families and providers? • How would you share Medical Records and Resident Information with receiving facilities? 	
Strengths:	Areas of Improvement:

Operational Period 4: Recovery	
Who will craft and who will deliver a message to the media, or will no message be given?	
Do you have a MOU with a clean-up and restoration company?	
What are your Short Term / Temporary Recovery needs?	
What are your Long Term / Full Recovery needs?	
Strengths:	Areas of Improvement:

EXECUTIVE SUMMARY / IMPROVEMENT PLAN

Major Strengths

Instructions to participant: At the end of the exercise, summarize at least 3-5 items identified as major strengths in your planning, procedures and response.

The major strengths identified during this exercise are as follows:

Primary Areas for Improvement

Instructions to participant: At the end of the exercise, prioritize top 3-5 issues identified as primary areas for improvement in your planning, procedures and response, and develop an action plan for improvement:

The Primary Areas for Improvement identified during this exercise are as follows:	Action Plan for Improvement:	Responsible	Projected Completion Date"