

Massachusetts

Long Term Care Mutual Aid Plan (MassMAP)



2018 Full Scale Exercises: LTC Coordinating Centers Cross-Regional Response

Exercise Plan

- Region 1 – June 12, 2018 (9:00am-12:45pm)**
- Region 2 – June 13, 2018 (9:00am-12:45pm)**
- Region 3 – June 14, 2018 (9:00am-12:45pm)**
- Region 4 – June 18, 2018 (12:00pm-3:45pm)**
- Region 5 – June 19, 2018 (9:00am-12:45pm)**

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PREFACE

This Full-Scale Exercise is conducted for the Massachusetts Long Term Care Mutual Aid Plan (MassMAP) and was developed through a contract between the Massachusetts Senior Care Association and Russell Phillips & Associates, LLC (RPA), a JENSEN HUGHES Company. RPA is to produce the exercise materials 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 players from participating organizations information they need to observe or participate in a long term care facility evacuation exercise that focuses on participants' emergency response plans, policies, and procedures. 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 Massachusetts Senior Care Association or RPA.

These Full-Scale Exercises are one in a continued series of annual exercises that establishes a learning environment for players to exercise the scope of the Massachusetts Long Term Care Mutual Aid Plan (MassMAP):

1. To place and support care of residents evacuated from a Disaster Struck Facility.
2. To provide supplies and equipment needed to support a Disaster Struck Facility.
3. To assist with transportation of evacuated residents.
4. To have a neighboring region's LTC Coordinating Center stand up and manage the event for the impacted region.

These annual Full-Scale Exercises, coupled with ongoing training and drills, provide continued readiness for MassMAP members and MassMAP support structures (Long Term Care Coordinating Centers, local and state responders, etc.).

The focus of these exercises is the full evacuation of two Disaster Struck Facilities (DSF) per region (One (1) Assisted Living Facility and One (1) Nursing Home) that will create an opportunity for all participating MassMAP members in the region to effectively practice and test their plans to be Resident Accepting Facilities (RAFs) and manage an influx of residents. A core focus of these exercises will also be having the neighboring regions Long Term Care Coordinating Centers (LTC Coordinating Centers) assist and coordinate appropriate resident placement from the DSFs to the RAFs. To ensure an effective exercise, Subject Matter Experts (SMEs), multiple long term care facilities (leadership and clinical representation), and local representatives from numerous agencies will take part in exercise observation and evaluation.

This exercise is designed to comply with the CMS Conditions of Participation §483.73 (d) (2) (i) The LTC facility must participate in a full-scale exercise that is community-based or when a community-based exercise is not accessible, an individual, facility-based. If the LTC facility experiences an actual natural or man-made emergency that requires activation of the emergency plan, the LTC facility is exempt from engaging in a community-based or individual, facility-based full-scale exercise for 1 year following the onset of the actual event.

HANDLING INSTRUCTIONS

1. The title of this document is the 2018 MassMAP LTC Coordinating Centers Cross-Regional Response Full-Scale Exercises 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 Massachusetts Senior Care Association 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

**Exercise
Name**

**2018 MassMAP LTC Coordinating Centers Cross-Regional
Response Full-Scale Exercises**

**Exercise
Dates**

Region 1 – June 12, 2018, 9:00am - 12:45pm
Region 2 – June 13, 2018, 9:00am - 12:45pm
Region 3 – June 14, 2018, 9:00am - 12:45pm
Region 4 – June 18, 2018, 12:00pm - 3:45pm
Region 5 – June 19, 2018, 9:00am - 12:45pm

These Full-Scale Exercises are planned for the week of June 12, 2018 (June 18 and 19 for Regions 4 and 5) for all MassMAP Facilities. Exercise play is limited to the scope of this exercise.

The emphasis of this exercise will be to implement the MassMAP and to provide practice, as well as opportunity to improve the plan, with a focus on resident evacuation, tracking, and communication with Disaster Stuck Facilities (DSFs) and the ability of Resident Accepting Facilities (RAFTs) to manage an influx of residents. This includes the neighboring regions LTC Coordinating Center operations to support the event.

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

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

<p>Mission Area(s)</p>	<p>Response</p>
<p>Health Care Preparedness and Response Capabilities with associated Objectives</p>	<p>The capabilities listed below, as identified in the 2017-2022 Health Care Preparedness and Response Capacities, published by the Office of the Assistant Secretary for Preparedness and Response 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:</p> <p>HCP&R Capability 2: Health Care and Medical Response Coordination <u>Objective 2:</u> Utilize Information Sharing Procedures and Platforms <u>Objective 3:</u> Coordinate Response Strategy, Resources, and Communications</p> <p>HCP&R Capability 3: Continuity of Health Care Service Delivery <u>Objective 3:</u> Maintain Access to Non-Personnel Resources during an Emergency <u>Objective 6:</u> Plan for and Coordinate Health Care Evacuation and Relocation <u>Objective 7:</u> Coordinate Health Care Delivery System Recovery</p> <p>HCP&R Capability 4: Medical Surge <u>Objective 2:</u> Respond to a Medical Surge</p>
<p>Threat or Hazard</p>	<p>Severe Weather Emergency: Thunderstorms with spin off microbursts, mesocyclones and EF1 and EF2 tornados are being experienced in multiple communities resulting in downed trees and power lines, structural damage, loss of normal power, unreliable generator power and loss of other mission critical systems with some facilities.</p>
<p>Scenario</p>	<p>Severe thunderstorms, mesocyclones and microbursts will impact the MassMAP regions with resulting EF1 and EF2 tornado activity directly impacting two facilities in each region. The facilities will experience structural damages, infrastructure disruption in addition to multiple staff and resident injuries. The evacuation of multiple facilities will take place in each region. “Mock Paper Residents” will be evacuated to other facilities due to building structural damage, loss of normal power, unreliable generators, and loss of other mission critical systems.</p>
<p>Sponsor</p>	<p>Massachusetts Long Term Care Mutual Aid Plan (MassMAP) Funded by: Massachusetts Department of Public Health</p>

Participating Organizations

Region 1 LTC Coordinating Center - Jewish Geriatric Services, Longmeadow. Standing up for Region 2 exercise on 6/13/2018.
Region 2 LTC Coordinating Center - Central Mass EMS Corporation (CMED), Holden. Standing up for Region 1 exercise on 6/12/2018.
Region 3 LTC Coordinating Center - Aviv Centers for Living, Peabody. Standing up for Region 5 exercise on 6/19/2018.
Region 4 LTC Coordinating Center - Hebrew Rehabilitation Center, Roslindale. Standing up for Region 3 exercise on 6/14/2018.
Region 5 LTC Coordinating Center - Sarah Brayton Nursing Center, Fall River. Standing up for Region 4 A/B exercise on 6/18/2018.
Region 1 DSF (NH): Williamstown Commons, Williamstown
Region 1 DSF (NH): Mont Marie Rehabilitation and Healthcare Center, Holyoke
Region 2 DSF (AL): Brookdale Eddy Pond East, Auburn
Region 2 DSF (AL): Briarwood Continuing Care Comm. – The Elms, Worcester
Region 3 DSF (NH): Wingate at Haverhill Rehab & Skilled Nursing, Haverhill
Region 3 DSF (NH): Care One at Essex Park, Beverly
Region 4 DSF (AL): Heritage at Framingham Assisted Living, Framingham
Region 4 DSF (NH): Dwyer Home, Weymouth
Region 5 DSF (AL): All American Assisted Living, Hanson
Region 5 DSF (NH): Southeast Rehab and Skilled Care Center, North Easton
Resident Accepting Facilities (identified in After Action Report)
Massachusetts Department of Public Health – Emergency Preparedness & Health Care Quality
Local Fire Departments, EMS and Emergency Management Officials (associated with the DSFs)
Regional Health and Medical Coordinating Coalitions (HMCCs)
Russell Phillips & Associates (RPA, a JENSEN HUGHES Company)

Points of Contact

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GENERAL INFORMATION

Acronyms:

DSF:	Disaster Struck Facility
EMS:	Emergency Medical Services
HHAN:	Health & Homeland Alert Network
RAF:	Resident Accepting Facility
LTC Coordinating Center:	Long Term Care Coordinating Center
MA DPH:	Massachusetts Department of Public Health
MIC:	City of Boston Medical Intelligence Center

Exercise Core Capabilities and Objectives

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

Core Capability	Exercise Objectives
<p>HCP&R Capability 2: Health Care and Medical Response Coordination</p> <p>Objective 2: Utilize Information Sharing Procedures and Platforms</p>	<p>Activity 3: Utilize Communications Systems and Platforms</p> <ul style="list-style-type: none"> Ensure that 100% of MassMAP activated members provide Emergency Reporting within the established timeframe. Ensure ongoing communication capability throughout the disaster (exercise) by employing redundant systems (e.g., landline telephone, cellular telephone, text, e-mail, fax, other 2-way communications, and MassMAP website).
<p>HCP&R Capability 2: Health Care and Medical Response Coordination</p> <p>Objective 3: Coordinate Response Strategy, Resources, and Communications</p>	<p>Activity 1: Identify and Coordinate Resource Needs during an Emergency</p> <ul style="list-style-type: none"> Demonstrate the ability of the neighboring regions LTC Coordinating Centers Responders to match evacuating residents with appropriate bed types at RAFs using the categories of care found within MassMAP in a timely and effective manner. <p>Activity 2: Coordinate Incident Action Planning During an Emergency</p> <ul style="list-style-type: none"> Demonstrate effective response and evacuation coordination by the neighboring regions LTC Coordinating Centers, DSFs and RAFs personnel through the use of the Incident Command System.

	<ul style="list-style-type: none"> Each responding entity prepares an Incident Action Plan (IAP) which identifies their operational period(s) and tactical objectives to be accomplished. <p>Activity 3: Communicate with Health Care Providers, Non-Clinical Staff, Patients, and Visitors during an Emergency</p> <ul style="list-style-type: none"> RAFs to receive clinical hand-offs from the DSFs, on their actual mock residents who are being evacuated. Plan Members to provide ongoing information and situational reports to the neighboring regions LTC Coordinating Centers as their internal situation escalates. Plan members to perform a staff recall, to identify the types and number of staff that would be available to respond to the facility to assist in the emergency.
<p>HCP&R Capability 3: Continuity of Health Care Service Delivery</p> <p>Objective 3: Maintain Access to Non-Personnel Resources during an Emergency</p>	<p>Activity 2: Assess and Address Equipment, Supply, and Pharmaceutical Requirements</p> <ul style="list-style-type: none"> DSFs and RAFs leverage their vendors to support ongoing emergency operations supply and equipment needs and communicate additional needs to the neighboring regions LTC Coordinating Centers. The neighboring regions LTC Coordinating Centers manage the requests for equipment from the DSFs and RAFs with the assistance of the Healthcare Coalitions and plan members.
<p>HCP&R Capability 3: Continuity of Health Care Service Delivery</p> <p>Objective 6: Plan for and Coordinate Health Care Evacuation and Relocation</p>	<p>Activity 1: Develop and Implement Evacuation and Relocation Plans</p> <ul style="list-style-type: none"> DSFs prepare and coordinate the evacuation of their residents, using an Incident Command system, coordination with their local authorities and establishing an efficient holding / evacuation area. <p>Activity 2: Develop and Implement Transportation Plans</p> <ul style="list-style-type: none"> The neighboring regions LTC Coordinating Centers manage the transportation needs for the DSFs evacuating residents utilizing plan member owned and available vehicles and drivers, commercial transportation providers and other assets as needed.

<p>HCP&R Capability 3: Continuity of Health Care Service Delivery</p> <p>Objective 7: Coordinate Health Care Delivery System Recovery</p>	<p>Activity 2: Assess Health Care Delivery System Recovery after an Emergency</p> <ul style="list-style-type: none"> The DSFs activate their internal recovery plans after their residents are successfully evacuated, to begin the process of restoring their facilities to normal operations. The DSFs are to establish a timeline and objectives for the recovery process.
<p>HCP&R Capability 4: Medical Surge</p> <p>Objective 2: Respond to a Medical Surge</p>	<p>Activity 2: Implement Out-of-Hospital Medical Surge Response</p> <ul style="list-style-type: none"> Ensure that RAFs properly implement their influx of resident’s plans, including establishing an influx /surge area, utilizing the plan tools to document the arrival of residents. RAFs obtain a waiver from the Department of Public Health in order to surge 10% above their licensed beds.

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 1 controller at the LTC Coordinating Center and 1 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 LTC Coordinating Center 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 Full Scale 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 MassMAP 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 an existing, facility and MassMAP 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 LTC Coordinating Center 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 Facilities (DSFs) for the exercise and moves the pace of play through the day of the exercise.

Exercise Injects

Disaster Struck Facilities Injects: Will be provided by the DSF Controllers.

Resident Accepting Facility Injects: These will be provided by, the onsite Controller if there is one, or via the LTC Coordinating Center Controller located at the LTC Coordinating Center.

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

LTC Coordinating Center Injects: These will be provided by the onsite Controller and 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, LTC Coordinating Centers and Resident Accepting Facilities will be followed during the exercise.

Emergency Medical Services

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

Weapons Policy

All participants will follow the relevant weapons policy for all Disaster Struck Facilities, LTC Coordinating Centers 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.

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.

Hot Wash

At the conclusion of exercise play, controllers facilitate a Hot Wash 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 Hot Wash should not exceed 60 minutes.

Controller and Evaluator Debriefing

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

Facility After Exercise Report

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. This report is located at www.massmap.org. Each participating facility should retain their Facility After Exercise Report and Improvement Plan for documentation of their participation in the exercise. Neither Massachusetts Senior Care Association nor RPA, a JENSEN HUGHES Company, will retain copies of individual Facility After Exercise Reports or Improvement Plans.

Evaluation

Exercise Evaluation Guides (EEG)

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

After Action Report

The AAR summarizes key information related to evaluation. The AAR primarily focuses on the analysis of core capabilities, including capability performance, strengths, and areas for improvement. AARs also includes basic exercise information, including 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 AAR will be completed by RPA, a JENSEN HUGHES Company.

Improvement Planning

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

Improvement Plan

The improvement process represents the comprehensive, continuing preparedness effort of MassMAP. 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 RPA, a JENSEN HUGHES Company.

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 8, 2018)

1. Review appropriate emergency plans, the contents of your MassMAP binder, and exercise support documents.
2. Go to the MassMAP website, www.massmap.org 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
 - Update generator information
 - Contact information for: (at a minimum)
 - The e-mail address, office, cell, and home numbers for the Administrator, Director of Nursing and Maintenance Director
 - LTC Beds:
 - Update your Categories of Care and information about the number of residents in each facility type and 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 give you only 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 Hot Wash Conference Call with controllers and evaluators, as appropriate. Controllers and evaluators will have a separate debrief 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 to complete a Facility After Exercise Report to document the exercise for your regulatory authority. This report is located at www.massmap.org.

APPENDIX A: EXERCISE SCHEDULE

Region 4

Exercise Day

- 11:00 AM: RPA Controllers arrive at the LTC Coordinating Center and DSF's to review and setup.
- 11:30 AM: RPA Event Controller conducts a Conference Call or Communications Check with DSFs and DSF Controllers.
- 12:00 PM: **START EX:** Exercise commences via the HHAN Alert message.
- 12:15 PM: All Regional plan members complete their Emergency Reporting.
- 12:20 PM: Wave 1: All RAFs Receive Constant Contact Message with attached Resident Emergency Evacuation Forms, Medical Record Equipment Tracking Form and Influx of Resident form.
- 12:30 PM: **Regional Conference Call.** All Region members join call for a Situational Briefing. (See Dial in number and access code below)
Dial In # 1-641-715-3670 Access Code: 148307
- 12:45 PM: LTC Coordinating Center finds open beds and transportation for entire census of DSFs. RAFs prepare to receive residents:
- Establish Intake / Triage area
 - Establish a Surge area
- 12:50 PM: Clinical Handoffs commence with the RAFs. (Min of 10)
- 1:00 PM: Wave 2: RAFs start the process of "Receiving" their mock residents. To support the influx of residents, the RAF should have completed:
- Set up Intake / Triage and Surge areas
 - Clinician discussions with the DSFs
 - Conducting Staff Recall / Call Backs
 - Contacting Vendors for supplies and equipment
 - "Closing the Loop" – Confirm receipt of the Residents via the LTC Coordinating Center
- 2:30 PM: **END EX:** Exercise concludes via a HHAN Alert message.
- 2:45 PM: All exercise participants to join the Hot Wash/Conference Call with their internal team.
Dial In # 1-641-715-3670 Access Code: 148307
- 3:45 PM: Exercise concludes

APPENDIX A: EXERCISE SCHEDULE

Region 1, 2, 3 & 5

Exercise Day

- 08:00 AM: RPA Controllers arrive at the LTC Coordinating Center and DSF's to review and setup.
- 08:30 AM: RPA Event Controller conducts a Conference Call or Communications Check with DSFs and DSF Controllers.
- 09:00 AM: **START EX:** Exercise commences via the HHAN Alert message.
- 09:15 AM: All Regional plan members complete their Emergency Reporting.
- 09:20 AM: Wave 1: All RAFs Receive Constant Contact Message with attached Resident Emergency Evacuation Forms, Medical Record Equipment Tracking Form and Influx of Resident form.
- 09:30 AM: **Regional Conference Call.** All Region members join call for a Situational Briefing. (See Dial in number and access code below)
Dial In # 1-641-715-3670 Access Code: 148307
- 09:45 AM: LTC Coordinating Center finds open beds and transportation for entire census of DSFs. RAFs prepare to receive residents:
- Establish Intake / Triage area
 - Establish a Surge area
- 09:50 AM: Clinical Handoffs commence with the RAFs. (Min of 10)
- 10:00 AM: Wave 2: RAFs start the process of "Receiving" their mock residents. To support the influx of residents, the RAF should have completed:
- Set up Intake / Triage and Surge areas
 - Clinician discussions with the DSFs
 - Conducting Staff Recall / Call Backs
 - Contacting Vendors for supplies and equipment
 - "Closing the Loop" – Confirm receipt of the Residents via the LTC Coordinating Center
- 11:30 AM: **END EX:** Exercise concludes via a HHAN Alert message.
- 11:45 AM: All exercise participants to join the Hot Wash/Conference Call with their internal team.
Dial In # 1-641-715-3670 Access Code: 148307
- 12:45 PM: Exercise 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 MASSACHUSETTS 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 MASSACHUSETTS...

MASSACHUSETTS HAS THE POTENTIAL TO EXPERIENCE TORNADOS AND/OR 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 / 11:40 AM (Region 4)

THIS IS A DRILL.

NATIONAL WEATHER SERVICE IS ISSUING HIGH WINDS AND TORNADO WARNINGS FOR THE COMMONWEALTH OF MASSACHUSETTS...

...NATIONAL WEATHER SERVICE METEOROLOGISTS HAVE DETECTED MESOCYCLONIC AND TORNADO VORTEX WINDS IN EXCESS OF 70-80 MPH IN THE STATE. TAKE COVER IMMEDIATELY.

THIS IS A DRILL.

Day of Exercise: 8:55 AM / 11:55 AM (Region 4)

THIS IS A DRILL.

Reports are coming in, that several Healthcare Facilities have suffered structural damage, loss of commercial power and other mission critical systems. Mutual Aid Plan members have activated their Internal Command Centers. Several facilities will be evacuating their residents to other Healthcare facilities within the region due to the loss of mission critical systems and the inability of their facilities to support the care of residents. The call to activate MassMAP is being made.

THIS IS A DRILL.

APPENDIX C: EXERCISE PREPARATION LOGISTICS

REQUIRED DRILL PARTICIPANTS:

Controllers:

- a. LTC Coordinating Center Controller (Lead): RPA, a JENSEN HUGHES Company
- b. DSF Controllers: RPA, a JENSEN HUGHES Company
 - a. Region 1: 2 Controllers
 - b. Region 2: 2 Controllers
 - c. Region 3: 2 Controllers
 - d. Region 4: 2 Controllers
 - e. Region 5: 2 Controllers

Evaluators:

- a. LTC Coordinating Center Evaluator: TBD
- b. DSF Command Center Evaluators: TBD (To be assigned by DSF)
- c. Resident Accepting Facilities Evaluators: TBD (Steering Committee Members or assigned by RAF).

LTC Coordinating Center Staff:

- a. Minimum 6 Responders per region

DSF Staff:

- a. Mock Residents: designated staff, volunteers or facility residents to act as “DSF Mock Residents” and go through the evacuation process at the DSF. Ideally 5-10 mock residents that can go through the process to simulate the second wave of residents evacuating out of the Holding Area at the DSF.
- b. Command Center: 3-5 staff
- c. Holding Area: 2 staff
- d. 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 LTC Coordinating Center can assist with media inquiries and statements.