2019 MassMAP Annual Education

May 7 - 9, 2019

JIM GARROW | BRAD AUSTIN
Morning Agenda

+ Statewide Update on Healthcare Medical Coordinating Coalitions and why your facility should be involved

+ Review of the most frequent cited CMS Emergency Preparedness Regulation Deficiencies

+ Areas of focus based on Executive Office of Elder Affairs Requirements (EOEA) for Assisted Living Residences

+ Lessons Learned from a Massachusetts & Rhode Island Nursing Home Evacuation

+ 2019 Annual Disaster Exercise; Preparing your Facility
Afternoon Agenda

+ Tabletop Exercise:
  1:00pm - 2:30pm  Tabletop Exercise
  2:30pm - 3:00pm  Hotwash
Healthcare Coalition Update

Health & Medical Coordinating Coalition Update
+ 15 Min Break
651 CMR 12.04 (11) Disaster and Emergency Preparedness Plan

+ Bulk of Assisted Living Residents (ALR) Disaster Plan review takes place before certification

+ During Recertification Emphasis on:
  - MassMAP participation:
    - Request for evidence of participation in annual drill
    - Objective is to ensure you understand what is expected and how to access the Mutual Aid Plan
  - Completion of drills on all shifts
651 CMR 12.04 (11) Disaster and Emergency Preparedness Plan

- Residents know what to do in an emergency and how they are given the disaster plan information

- Accurate documentation of residents’ needs in an emergency, in particular for the Special Care (memory) Residents
In-depth review of Disaster Plan after initial certification typically takes place after an incident, such as loss of commercial power, and the ALR may not have managed the situation well.
651 CMR 12.04 (11) Disaster and Emergency Preparedness Plan

Comprehensive Emergency Plan

+ Emphasis on Comprehensive

+ Regulatory requirement defines specifically what potential disasters and emergencies must be included; this is not necessarily an all-encompassing list and ALRs should evolve the plan according to emerging environmental or social concerns
Comprehensive Emergency Plan “Required Plans”

+ Fire

+ Flood

+ Severe Weather:
  – What should you have ???

+ Loss of:
  ▪ Heat
  ▪ Water
  ▪ Electricity

+ Resident Specific Crises (e.g., Elopement)
Ensuring the Continuity of Operations of the Residence

+ It is inherent that a disaster or emergency will cause some disruption

+ Basic health and safety requirements must still be met:
  ▪ Safe medication administration
  ▪ Necessary services which cannot be interrupted without posing risk of detriment to residents’ health or safety (although frequency of the services may need to be modified as situations warrant)
Ensuring the Continuity of Operations of the Residence

+ Maintain a Secure Environment:
  ▪ Special Care Residents (SCR) needs to remain secure
  ▪ Safety checks maintained

+ Maintain a Safe Environment:
  ▪ Lighting
  ▪ Trip hazards
  ▪ Respect for dignity
  ▪ Respect for privacy (to the extent possible given circumstances, e.g. needing to make single rooms into double occupancy)
Ensuring the Continuity of Operations of the Residence

+ Provisions of adequate meals on a regular schedule

+ Sustained disruption in service beyond the immediate time period following a disaster would not demonstrate regulatory compliance
  - Adequate preparations mean the ALR is able to continue to provide safe and responsible care
Evacuation Strategy Requirements:

+ Defines each staff positions role in an emergency

+ Identifies who is responsible for making the decision to evacuate

+ Identifies what circumstances would prompt an evacuation

+ How and when family / resident representatives will be notified of a disaster; of an evacuation
  - Mass Notification System
Evacuation Strategy Requirements:

+ Must have a communication tree and contact information for staff:
  - Mass Notification System

+ Designated storage location for the emergency plan that all employees are aware of
Established Mutual Aid Plan:

+ Documentation of specifically who the plan is with
+ Needs to be dated
+ Expect for a confirmation that the plan is relevant if significant time has passed since plan was initiated

+ Should include:
  - A safe, alternate location if evacuation is necessary
  - Options for transport
  - Food and water resources
Established Mutual Aid Plan:

+ If a member of MassMAP:
  - Need to provide evidence of active registration
  - Need to provide evidence of participation in drills / exercises in order to demonstrate proficiency with online system and expected processes

+ How do you stay in compliance:
  - Provide documentation of your annual membership invoice
  - Provide a copy of your Memorandum of Understanding (MOU) with MassMAP
  - Provide a copy of the monthly HHAN message detailing who the monthly Resource Officer is
  - Provide a copy of the Exercise Participation Report in the 2018 After Action Report
Adequate Supplies:

+ Need to identify what steps you are taking to ensure supplies and who is responsible

+ What basic supplies are on-hand at all times:
  ▪ How many / much of each
  ▪ Where located
  ▪ How frequently supplies are checked for expiration / refill

+ Necessitates a relationship with local pharmacy and plan for continued provision of necessary medications
Adequate Supplies:

Identify in a plan for how residents’ medications will be considered:

- To avoid medication errors (e.g. omissions related to disruption in usual schedule; medication given to wrong resident due to disruption in resident-identifiers)
- To allow for safe transport of medications (i.e. within the community and if transported due to evacuation)
Established Relationship with Local Public Safety Officials and EMS:

+ Demonstrate this through documented correspondence as part of your annual safety policy audits

+ Request local Fire Dept. involvement in facilitating fire drills

+ You should *all* know your local Emergency Manager and have their contact information (After Hours Number)
  - They are your first line for commercial power restoration
  - Power Restoration Procedure
651 CMR 12.04(7)(a) requires ALRs to document the type of assistance a resident would need in an emergency

+ Staff should have access to a succinct list of each resident’s level of assistance needed in an emergency for ease of reference

+ It should be clear to all staff where this information is kept

+ Frequent updates to account for changes in physical / cognitive status
651 CMR 12.04(7)(a) requires ALRs to document the type of assistance a resident would need in an emergency

Needs to be reasonably detailed, as it may affect additional resources needed:

+ One or two person assist
+ Ability to do stairs
+ Assistive devices needed
+ Oxygen therapy
+ Hearing aids
+ Visual impairment
+ Significant anxiety / psychosocial needs
+ Need for constant 1:1 supervision
Orientation reviewed to determine whether disaster and emergency preparedness is an included topic

In-services reviewed to determine whether disaster and emergency preparedness is provided annually

Fire and elopement drills to be completed on all shifts annually
  - Documentation needs to indicate participants and outcome of drill

Need to provide documentation evidencing successful participation in MassMAP annual drill, if member
Residents need to be able to explain how they are expected to respond in an emergency.

If residents do not receive a copy of the full plan, explanation of general plan requirements and how residents can access this must be in the Disclosure Statement and Residency Agreement.
These are reviewed as they are submitted and reviewed again as part of recertification if applicable:

+ Need to be submitted within 24 hours of incident
+ Power, water, heat outages need to be reported as facility-wide incidents
+ Facility structural damage needs to be reported
+ How resident safety is being preserved throughout
+ What is being done if a ALR does not have a generator
651 CMR 12.04(11)(c) Reporting Emergency Situations

651 CMR 12.04(11)(c)(1) through (6) are the components required in the report:

1. The name and location of the residence
2. The nature of the problem
3. The number of residents displaced
4. The number of units rendered unusable due to the occurrence, and the anticipated length of time before the residents may return to them
5. Remedial action taken by the residence
6. State or local agencies notified about the problem
Lessons Learned from Recent Facility Evacuations

BRAD AUSTIN
Evacuation

A review of the water leak and resultant evacuation of a skilled nursing facility in Duxbury, MA November 9-10, 2018
Timeline of Events

**Friday, November 9, 2018**

+ Ongoing construction / repairs of the roof.
+ Significant rain storm that day compromised the roof and began leaking into clinical units.
+ Initial decision to shelter in place in unaffected units.
+ Duxbury FD on scene very quickly reporting a major water leak, requesting a strike team of ambulances to the scene.
Friday, November 9, 2018

DXFD on scene at 308 Kingstown way with a major water leak. This is a nursing home which we are doing evacuations of from one wing to another for now. Strike team of ambulances are on scene. Very active scene.

6:00 PM Duxbury FD on scene assisting with internal movement of residents (from affected to non-affected units).
Timeline of Events

Friday, November 9, 2018

+ 8:30 PM Evacuation of facility began
  - Local FD Ambulances and Mutual Aid from surrounding towns.
  - Fallon Ambulance requested.
  - Majority of initial evacuations were to sister facilities in Regions 4A/B, 4C & 5.
Timeline of Events

Friday, November 9, 2018

- Emergency Reporting, Region 5:
  - Bay Path at Duxbury was only facility reporting an “Operational Issue”
  - 20% of facilities reported (24 of 119)
Preparing Residents for Evacuation

+ Prepared medications and medical records to go with residents.
+ Minimal personal belongings went with residents at the time of evacuation.
+ Clothing and other personal items were collected the next day and delivered to residents.

+ Holding Area Operations:
  − Medication cart
  − Portable oxygen
  − Laptop computers
  − Recreation / activities
  − Nourishment cart
  − Portable radios used to communicate with the Command Center
Nursing Home Incident Command Center

- Located in the front lobby with an adjacent office
- All Department Heads were on scene within one hour of activation
- Good corporate support
- Clinical liaison – corporate clinician
- Facility Administrator
Communications

+ Coordinated all communications from the Facility Incident Command Center
+ Staff Recall – DSF utilized VoiceFriend to notify all off-duty staff of the need to respond to facility to assist with the evacuation
+ Media – Statement prepared by corporate and released to the press
+ DPH Reportable Incident – Initial notification on the evening of 11/9 and then follow up detailed report the next day
Communications

+ Electronic Medical Records (PointClickCare)
  − Arranged for access to EHR by all sister facilities with the corporate structure utilizing the same system
  − Non-sister facilities started new charts on their own system. Relied on paper charts transported with the residents
+ All evacuated residents were discharged and admitted into the RAFs
Transportation Coordination

+ On scene transportation coordination by Duxbury FD and Fallon Ambulance
+ No MassMAP members transportation resources utilized
+ Staging area for vehicles on the property
+ Holding Area - Check-out process for residents / validation
+ Resident tracking by EMS with facility staff

In six hours DXFD facilitated the moving of 72 patients from the Bay Path Nursing Home in Duxbury to other facilities. We used almost 30 ambulances who made multiple transports with patients.
Challenges / Barriers

+ Transportation Resources
  – Majority of residents transported by ambulances
  – No MassMAP member transportation utilized but many were available
  – What was the final cost of the evacuation?
  – Tracking Medical Records / Staff & Equipment?
Challenges / Barriers

+ Pre-planning for evacuation
  - Participate in the annual full-scale exercises
  - Knew the process for full building evacuation and utilizing the Resident Emergency Evacuation Forms and Tracking Sheets
  - Fire Department was persistent and did not want to wait on paperwork / medical records to be prepared to go with residents. They were following their on scene procedures for rapid transport
+ Need bags or containers for resident belongings
Successes / Strengths

+ Being Prepared
  - Participating in the Annual MassMAP Full-Scale Exercises
+ Team effort was amazing!
  - Corporate
  - Local

As of today the facility has still not opened the 2 affected units that were damaged on 11/9/2018.
This is not a drill

A review of the National Grid gas outage and resultant evacuation of a skilled nursing facility in Newport, RI January 21-29, 2019
EVACUATION!
EVACUATION!
Monday, January 21, 2019

+ 11:00 AM: Frozen natural gas valve in Portsmouth that provides service to customers in Middletown and Newport caused the flow of natural gas to be restricted and pilot lights to extinguish.
+ As a safety precaution, gas was shut off to a significant area in Middletown and Newport.
+ 350 customers in Middletown and Newport were initially impacted.
+ RI Department of Health / Healthcare Coalition of RI contacted Newport Hospital and the eight nursing homes and assisted living residences in those municipalities.
+ 7:30 PM: ESF leads were notified that due to safety issues in the gas distribution system due to continued low pressure, National Grid was going to turn off gas to an additional 6,700 customers.
+ The State EOC was being fully activated, due to concerns about the low temperatures, projected to have wind chills down to -12°F.


**Tuesday, January 22, 2019**

- 6,700 National Grid customers in Newport (6,400) and Middletown (360) remain without gas.
- 9:05 AM: Governor’s Emergency Command Update, National Grid reported that it would take 2-3 days to go into every home / business to have gas service turned off, then they will re-introduce gas into the distribution system, pressurize the system, and then go into every home / business again to re-light the pilots (this step was anticipated to take longer than turning all of the gas services off).
- 9:30 AM: At St. Clare, the temperature of the building had dropped into the 60s overnight. Given the expected duration of the gas outage and the complexities of piping in external heat, the decision was made to evacuate the facility (which included both nursing home and assisted living residents). *Additionally, to evacuate off Aquidneck Island, in case the event expanded.*
In anticipation of the evacuation decision, St. Clare had already begun the following:

- Copied all face sheets and MD orders
- Complete Transportation Evacuation Surveys
- Identifying bed types required (e.g. male vs. female, secure unit etc.)
- Established a Command Center in a space that had electric heat
- Made notification to municipal partners, families and residents
Tuesday, January 22, 2019

+ 11:00 AM: 4 staff members from the Healthcare Coalition of RI (HCRI) and CEPR, as well as 2 Facilities Regulation staff arrived at St. Clare.
+ A second Command Center was setup, building tour conducted and held an all-hands briefing including a safety briefing.
+ Worked through the process of evacuation, bed matching and securing transportation.
  - T/E Survey identified high number of BLS ambulances needed.
+ RI DMAT deployed an Environmental Control Unit to provide heat inside select areas of the facility while the evacuation occurred at the request of RIDOH.
  - The Unit was set up and functioning at 2:22 PM
Healthcare Coalition of Rhode Island (HCRI) offsite staff contacted Resident Accepting Facilities (RAFs) to confirm bed assignment and clinical contact information. HCRI contacted St. Clare Administrator to identify which residents were being assigned to which RAF. St. Clare Administrator handed off info to Nursing Supervisor. Nursing Supervisor contacted RAF for clinical handoff. RAF confirmed with HCRI which residents they would receive. HCRI would notify St. Clare Administrator that the transport could be booked. The last bed was secured at 6:05 PM.

Process for Bed Matching

**INSTRUCTIONS:** Special Care Categories that *Your Facility Can Accommodate* (check all that apply).

- A - Ambulatory Only
- B - Bariatric Residents
- C - Bilevel Positive Airway Pressure (BiPAP)
- D - Chemotherapy (IV)
- E - Chemotherapy (Oral)
- F - Continuous Positive Airway Pressure (CPAP)
- G - Danger to Self or Others (to hospital)
- H - Dementia - Secured Unit
- I - Developmental Disabilities
- J - Diabetes - Insulin Pump
- K - Diabetes - Insulin Dependent
- L - Dialysis - Hemo (to hospital)
- M - Dialysis - Peritoneal (CAPD)
- N - Dialysis - Peritoneal (CCPD - Cycler)
- O - Dressings (specialized supplies)
- P - F1 - (Defend in Place)
- Q - F2 - (Self Evacuate / Self-preservation)
- R - Hickman Catheters
- S - Hospice
- T - Isolation
- U - IV Care, Peripheral
- V - M1 - (Facility Administers Medication)
- W - M2 - (Residents Self Administers Medication)
- X - Memory Care - Secured Unit
- Y - Ortho
- Z - Ostomy (i.e. colostomy, ileostomy)
- AA - Oxygen Dependent
- BB - Pediatric
- CC - PICC Line, Central Line
- DD - Post Traumatic Brain Injury
- EE - Psychiatric (Non-secured)
- FF - Psychiatric (Secured Unit)
- GG - Rehab (PT/OT/Speech)
- HH - Rehab (Respiratory)
- II - Restraints
- JJ - Smoking
- KK - Suctioning
- LL - Total Parenteral Nutrition (TPN)
- MM - Trach Care
- NN - Tube Feeders
- OO - Ventilator Care
- PP - Wandering Residents
- QQ - Wound Vac
Challenges to Bed Matching

- Assisted Living Facilities had apartment availability, but no furniture.
- Families and residents requested geographically close locations, which changed where residents were initially placed.
  - This caused confusion with the Resident Accepting Facilities (RAFs).
Preparing Residents for Evacuation

+ Contacted all families, asking if they could take their loved one home, as well as requesting assistance with transportation.
+ Prepared 3-5 days’ worth of clothes and medication.
+ Gathered equipment and supplies to be sent with residents.
+ Facilitated the evacuation of those residents who went home with their family (29 out of 86 total, 2 SNF, 27 ALF)
Transportation Coordination

- Finding transportation assets
- Staging area for vehicles / Staging Area Manager
- Holding Area - Check-out process for residents / validation
- Resident tracking

Transportation Requirements

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<th>CCT-NICU</th>
<th>CCT-PICU</th>
<th>CCT-Bariatric</th>
<th>ALS</th>
<th>ALS-Bariatric</th>
<th>BLS</th>
<th>BLS-Bariatric</th>
<th>Chair Car / Wheelchair</th>
<th>Chair Car / Wheelchair - Bariatric</th>
<th>Normal Means - Bus / Car</th>
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<tr>
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Transportation Coordination

+ Six ambulance companies provided BLS ambulances and wheelchair vans (31 residents). Last ambulance pulled out of driveway at 10:45 PM.
+ Two Resident Accepting Facilities (RAFs) provided transportation resources.
+ Friends and family provided transportation for those who were going home.
+ Confirmed with all facilities, through the evening, arrival of residents and notified families.
+ Confirmed the last resident arrived at destination at midnight.
Ongoing Recovery Operations

St. Clare, Newport:
+ Conducted daily in-person checks with all the displaced residents and delivered additional personal items during these daily visits.

+ Provided CNA staffing to 3 of the RAFs.

+ Housekeeping and laundry staff conducted a deep cleaning of the building (working in pairs in residents’ rooms to ensure accountability).

+ Dietary staff deep cleaned the kitchens.

+ Coordinated and provided transportation for residents to doctors appointments.
Recovery Communications

Daily:
+ Calls between CEPR and St. Clare, Newport
+ Emails to RAFs
+ Facebook posts
+ Mass texts to staff

Once:
+ Conference call with St. Clare, Newport and RAFs
  - Patient experience
  - Documentation
  - Reimbursement
  - Repopulation plans
Wednesday, January 23, 2019

+ ~6:00 PM - St. Clare was making arrangements to have the sprinkler system drained as a precaution
  - A pipe burst near the parking garage, rendering it non-functional.
  - The entire wet and dry system for the whole building had to be drained.
  - A fire watch was mandated by the State Fire Marshalls office until the heat was back on and no danger of the pipes and pressurizing tanks freezing.

Nothing is ever easy…
Gas Restoration

Friday, January 25, 2019

- Repressuring of the gas lines for the island was completed around 9:00 PM

- St. Clare was considered a high priority facility for being restored

- Gas was not fully restored and lit until Saturday, 1/26 at 2:35 PM
Monday, January 28, 2019

+ The building needed to come back up to a stable temperature and needed to ensure no other issues would arise (e.g. leaking pipes etc.)

+ Repopulation planned in two phases:
  − Monday: 30 Assisted Living residents and 15 SNF residents that comprised one unit and had been at one RAF together
  − Tuesday: Remainder of the SNF: 41 residents
Repopulation of the Facility

+ St. Clare, Newport provided Expectation Documents to all RAFs so they knew what to send with returning residents.
  − Included time and date of scheduled transportation that was arranged.
  − Requested that all belongings return with the resident, and clothing be bagged separately from medications.

+ St. Clare, Newport asked for report of any new infectious outbreaks, infestations while residents were in the care of RAFs.

+ Standard nurse to nurse clinical handoff report.
Repopulation of the Facility

*Three Receiving Areas...*

1) Front desk - Residents greeted and escorted to the next area.

2) Temporary Command Center - Signed in as arrived and by what type of transportation.

3) Final Area - Medical equipment and personal clothing was deposited for wiping down and laundering and medication reconciliation was completed.
   - From here they were escorted to their apartments / rooms.
   - All families notified as residents returned.
   - Last resident came through the door at 6:30 PM on Tuesday, January 29, 2019.
Challenges / Barriers

+ Transportation Resources:
  - Not enough wheelchair vans
  - Commercial transport companies sent their wheelchair van drivers home at the end of the day limiting the number of drivers available.

+ Medical Records:
  - The EMAR and ETAR as a scanned document (not faxed) would have been better for RAFs, as well as more thorough medical information to support care at the RAFs.
  - It was suggested to send the entire chart to the RAFs.
Challenges / Barriers

+ Contact Information
  - Primary contact information for facilities not updated on the LTC-MAP website.
  - Challenges with repopulation on Monday for one facility that learned of the 10 am transportation pickup appointment at 9 AM.
Welcome Home!

*Slide content created and shared by Alysia Mihalakos, MPH, Chief, CEPR and Dawn Lewis and Joseph Repucci from HCRI for the After Action Hotwash held on February 27, 2019*
Preparing Your Team for the 2019 Annual Full-Scale Exercises
Are There Challenges in Preparing Your Team
Nursing Home Incident Command (NHICS)
Nursing Home Incident Command (NHICS)

Brief History of the Incident Command System (ICS):

+ Adopted for use in the 1970’s California Fire Service – based on military hierarchy
+ Virtually all first responders agencies utilize ICS
+ Key Concepts:
  – Unity of Command
  – Common Terminology
  – Management by Objective
  – Flexible and Scalable
The First Phase of Every Unexpected Event is **CHAOS:**

Leadership is critical to:
- Set the tone of calm
- Assess the situation
- Prioritize actions
- Guide the response

Decisions need to be made about what to **Do:**
- NOW!
- Next and then Later
How do you Manage?

There is someone in CHARGE!
Nursing Home Incident Command (NHICS)

ICS – A System for Command And Control:

![NHICS Standard IMT Diagram]

- Incident Commander
- Medical Technical Specialist
- Safety Officer
- Operations Section Chief
- Planning Section Chief
- Logistics Section Chief
- Finance Section Chief
- Staging Area Manager
- Medical Care Branch Director
- Infrastructure Branch Director
- Service Branch Director
- Support Branch Director
ICS – Positions

NHICS INCIDENT MANAGEMENT TEAM (IMT) POSITION SUMMARIES

Incident Commander (IC): The individual responsible for all incident activities, including the development of strategies and tactics and the ordering and the release of resources. The IC has overall authority and responsibility for conducting incident operations and is responsible for the management of all incident operations at the incident site.

Mission: Organize and direct the Nursing Home Command Center (NHCC). Give overall strategic direction for incident management and support activities, including emergency response and recovery. Authorize total facility evacuation if warranted.

Command Staff: The staff that reports directly to the Incident Commander, including the Liaison/Public Information Officer, Safety Officer, and other positions as required.

Safety Officer: Responsible for monitoring incident operations and advising the Incident Commander on all matters relating to operational safety, including the health and safety of emergency response personnel.

Mission: Ensure safety of staff, residents, and visitors; monitor and correct hazardous conditions. Have authority to halt any operation that poses immediate threat to life and health.

Liaison/Public Information Officer: Responsible for coordinating with representatives from cooperating and assisting agencies or organizations and interfacing with the public and media and/or with other agencies with incident-related information requirements.

Mission: Function as the incident contact person in the facility for representatives from other agencies such as local emergency management, law enforcement, licensing agencies, and serve as the conduit for information to internal and external stakeholders, including residents, staff, visitors, and families, and the news media, as approved by the Incident Commander.

Medical Director/Specialist: Specialized expertise in areas such as medical, biological/infectious, and Hazmat implications related to an event, who oversees medical services and assists with diagnosis, treatment and medical management of residents and injured staff.

Mission: Consult with the Incident Commander and/or Operations Section Chief on the medical, biological/infectious, and/or Hazmat implications related to the event as indicated by incident needs and scope of practice. Oversee medical services of residents and injured staff.

General Staff: A group of incident management personnel organized according to function and reporting to the Incident Commander. The General Staff normally consists of the Operations Section Chief, Planning Section Chief, Logistics Section Chief, and Finance/Administration Section Chief.

Operations Section Chief: Responsible for all tactical incident operations and implementation of the Incident Action Plan. In NHICS, the Operations Section includes two subordinate Branches: Infrastructure and Resident Services.

Mission: Develop and implement strategy and operations to carry out the objectives established in the Incident Action Plan (IAP). Oversee the direct implementation of nursing home’s resident care and services, and infrastructure operations.
**Incident Commander (IC):** The individual responsible for all incident activities, including the development of strategies and tactics and the ordering and the release of resources. The IC has overall authority and responsibility for conducting incident operations and is responsible for the management of all incident operations at the incident site.

**Mission:** Organize and direct the Nursing Home Command Center (NHCC). Give overall strategic direction for incident management and support activities, including emergency response and recovery. Authorize total facility evacuation if warranted.
Nursing Home Incident Command (NHICS)

ICS – Positions

**Operations Section Chief:** Responsible for all tactical incident operations and implementation of the Incident Action Plan. In NHICS, the Operations Section includes two subordinate Branches: Infrastructure and Resident Services.

**Mission:** Develop and implement strategy and operations to carry out the objectives established in the Incident Action Plan (IAP). Oversee the direct implementation of nursing home’s resident care and services, and infrastructure operations.

** Resident Services Branch Director:** Branch under the Operations Section responsible for the following functions: admit/transfer and discharge, nursing, medical records and psychosocial.

**Mission:** Coordinate and supervise all aspects of resident care and services including nursing services (including management of incident-related trauma and special needs, as well as routine care), psychosocial care (residents, staff, and dependents), and movement into and out of the facility. Implement and monitor the facility’s resident identification and tracking system for both incoming residents or for facility residents evacuating to an offsite destination.

**Infrastructure Branch Director:** Branch under the Operations Section responsible for the following functions: Dietary, Physical Plant/Security and Environmental.

**Mission:** Organize and manage the services required to sustain and repair the nursing home’s infrastructure operations including power/lighting, water/sewer, HVAC, buildings and grounds, medical gases, medical devices, structural integrity, environmental services (cleaning, disinfection, housekeeping, and laundry), and food services.
ICS – Positions

**Planning Section Chief:** Responsible for the collection, evaluation, and dissemination of operational information related to the incident, and for the preparation and documentation of the Incident Action Plan. This Section also maintains information on the current and forecasted situation and on the status of resources assigned to the incident.

**Mission:** Oversee all incident-related data gathering, situational information and analysis regarding incident operations and assigned resources. Collect, process and maintain accurate and complete incident files, including a record of the Nursing Home’s response and recovery activities, decisions and key communications. Develop projections to inform long range planning, prepare situation summaries and maps, conduct planning meetings, and prepare the Incident Action Plan (IAP). Disseminate the new IAP to all assigned NHCC staff at the beginning of each Operational Period.

**Scribe/Runner:** May be assigned to any section in NHICS but is most commonly assigned to the Planning Section.

**Mission:** Maintain accurate and complete documentation for the assigned section or branch, in addition to a wide range of clerical tasks. For example, during facility evacuation or intake of emergency orders, they may move supplies and equipment or assist with basic data entry.
ICS – Positions

**Logistics Section Chief:** Section responsible for providing facilities, services, and material support for the incident.

**Mission:** Organize and direct those operations associated with maintenance of the physical environment of the facility and the NHCC. This includes adequate levels of personnel, food, equipment, information technology/systems and all supplies to support incident activities. Arrange and coordinate transportation and transport needs for all ambulatory and non-ambulatory residents, personnel and material resources.

**Finance/Administration Section Chief:** Responsible for all administrative and financial considerations surrounding an incident.

**Mission:** Monitor the utilization of financial assets and the accounting for financial expenditures. Supervise the documentation of expenditures and cost reimbursement activities. Ensure thorough investigation and documentation of incident-related claims, and the screening of volunteers. Contribute to the Incident Action Plan (IAP).
2019 Full Scale Exercises
Region 1: June 4, 2019: 9:00 – 12:45 pm
+ Region 2 LTC Coordinating Center supporting

Region 2: June 5, 2019: 9:00 – 12:45 pm
+ Region 3 LTC Coordinating Center supporting

Region 3: June 6, 2019: 9:00 – 12:45 pm
+ Region 4 LTC Coordinating Center supporting

Region 4: June 11, 2019: 9:00 – 12:45 pm
+ Region 5 LTC Coordinating Center supporting

Region 5: June 12, 2019: 9:00 – 12:45 pm
+ Region 1 LTC Coordinating Center supporting
All MassMAP Members are to be Disaster Struck Facilities: Expected DSF Actions

+ Establish Command Center
+ Establish Holding Areas
+ Movement of Residents (Internal)
+ Placement of Residents
+ Community Partner Involvement
+ Inject Responses
+ Documentation
+ After Action Report
Onsite Visit:
+ RPA Consultant
+ Health & Medical Coordinating Coalition (HMCC) staff
+ Onsite Observer
+ No right or wrong
+ Ability to ask questions
Welcome to the Massachusetts Long Term Care Mutual Aid Plan and Healthcare Mutual Aid Plan Website

Massachusetts Long Term Care Mutual Aid Plan (MassMAP) and Healthcare Mutual Aid Plan (HMAP) for Evacuation and Resources / Assets

MassMAP establishes a course of action and an agreed commitment among participating nursing homes, assisted living residences and residential care facilities (rest homes) to assist each other as needed in the time of a disaster. The HMAP provides this commitment among all healthcare providers including Acute Care Hospitals, Rehabilitation Hospitals, Behavioral Health Hospitals, Community Health Centers, Home Health and the MassMAP plan.

Assistance may come in the form of:
- Providing pre-designated evacuation locations for patients/residents during a disaster; and/or
- Providing or sharing supplies, equipment, transportation, staff or pharmaceuticals to a facility when a disaster overwhelms their own community or exceeds the capability of internal emergency preparedness plans.

Why should you join this initiative?

While your facility may already be part of a community based Mutual Aid Plan or incorporated into your Company’s overall emergency and/or evacuation plan process this unique statewide plan will supplement those existing resources when the local or corporate plan is overwhelmed by a regional disaster.
LTC Coordinating Center

- Region 1 – Jewish Geriatric Services, Longmeadow
- Region 2 – (RMCC) – CMED, Holden
- Region 3 – Aviv Centers for Living, Peabody
- Region 4 – Hebrew Rehabilitation, Roslindale
- Region 4 – Stephen Lawler Medical Intelligence Center (MIC)
- Region 5 – Sarah Brayton, Fall River
MassMAP Responders & HMCC Regional Liaison

MassMAP Responders & Regional HMCC Regional Liaisons
Questions?
Lunch Break