

2019 CT LTC-MAP Disaster Struck Facilities (DSFs) Exercise Guide

Disaster Struck Facilities (DSFs) Conference Calls:

Dates: October 1, 2019 or October 3, 2019

Times: 10:30 AM - 11:30 AM (Morning Session)

or 1:30 PM - 2:30 PM (Afternoon Session)

Dial-In # 1-712-770-5605 Access Code 743434#

Thank you for participating in the upcoming CT LTC-MAP 2019 Exercises.

Listed below are the dates of the exercises for each region.

Region 4 – November 4, 2019	12:00 pm – 3:45 pm
Region 3 – November 5, 2019	9:00 am - 12:45 pm
Region 1 – November 6, 2019	9:00 am - 12:45 pm
Region 2 – November 7, 2019	9:00 am - 12:45 pm
Region 5 – November 8, 2019	9:00 am - 12:45 pm

Focus of Exercise: The focus of this exercise is to have all CT LTC-MAP members test their ability to perform the actions necessary of a Disaster Struck Facility (DSF). This will create an opportunity for all participating members in the state to:

- Review facility evacuation plans
- Stand up Command Centers, with participation from community partners
- Complete steps necessary to activate CT LTC-MAP and understand the processes to support the safe relocation of residents, including Transportation Evacuation Surveys to identify transportation requirements for each resident
- Manage Holding Areas with mock residents

A core focus of this exercise will be having all CT LTC-MAP members conduct a Transportation Evacuation Survey as well as determine proper placement of mock residents and fill out appropriate documents.

Objectives of the Exercise: Specific exercise objectives can be found in the Exercise Plan, located on the website www.mutualaidplan.org/ct under the 2019 Exercise Documents column along the right-hand side.

ALL FACILITIES ARE REQUESTED TO PARTICIPATE IN THIS EXERCISE.

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PLEASE NOTE: IN ORDER TO BE IN COMPLIANCE WITH CMS, ALL SKILLED NURSING CT LTC-MAP MEMBERS ARE REQUESTED TO PARTICIPATE (SEE CMS FINAL RULING ON EMERGENCY PREPAREDNESS BELOW)

§ 483.73 Emergency preparedness.

The LTC facility must comply with all applicable Federal, State and local emergency preparedness requirements. The LTC facility must establish and maintain an emergency preparedness program that meets the requirements of this section. The emergency preparedness program must include, but not be limited to, the following elements:

(i) 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.

There will be a lot of activity on the exercise days, and we want to ensure everyone has the information they need to make this opportunity a success. Below are details concerning your facility's role during the exercise.

Exercise Day:

Regions 1, 2, 3, 5 begin at 8:30 AM / Region 4 begins at 11:30 AM

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|----------------------|---|
| 08:30 AM / 11:30 AM: | Neighboring Region Everbridge Message to support the Evacuation by completing Emergency Reporting |
| 09:00 AM / 12:00 PM: | START EX: Exercise commences via the Everbridge Alert message. |
| 09:15 AM / 12:15 PM: | All Regional plan members complete their Emergency Reporting. |
| 09:20 AM / 12:20 PM: | All Regional plan members establish their command centers and review internal actions that must be completed (Complete Transportation Evacuation Survey and enter at www.mutualaidplan.org/ct . Develop your Incident Action Plan, etc.) |
| 09:25 AM / 12:25 PM: | Mock Resident Accepting Facilities/Communities (RAF) will be sent out via Constant Contact. These are NOT REAL CT LTC-MAP members. Each DSF will determine proper placement for their mock residents based on bed availability of the mock RAFs, as well as the categories of care they can accommodate. |

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- 09:30 AM / 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 # 1-712-770-5605 Access Code: 743434#
- 09:45 AM / 12:45 PM: DSFs prepare to send residents:
- Establish holding area
 - Physically move mock resident(s) into holding area (factoring in multi-level facilities when applicable)
- 09:50 AM / 12:50 PM: DSFs each fill out Emergency Evacuation Forms using true clinical information from residents with fake names. Each DSF will fill out 10% of their licensed beds, up to twenty (20) Emergency Evacuation Forms.
Please note: You can print these forms off at www.mutualaidplan.org/ct under Exercise Documents. Please save your printed triplicate forms for use in real-world disasters.
- 10:00 AM / 1:00 PM: With list of **Mock RAFs**, DSF is to fill out Resident/Medical Record/Staff/Equipment tracking sheet and determine 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 AM / 1:30PM DSFs determine recovery efforts and actions to take place internally
- Contacting vendors for supplies and equipment
 - Message to family / media
- 11:30 AM / 2:30 PM: **END EX:** Exercise concludes via an Everbridge Alert message
- 11:45 AM / 2:45 PM: All exercise participants to join the Hot Wash/Conference Call with their internal team.
Dial In # 1-712-770-5605 Access Code: 743434#
- 12:45 PM / 3:45 PM: Exercise concludes

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Pre-Exercise Assignments: (Complete by Friday, October 25, 2019)

1. Review appropriate emergency plans, the contents of your CT LTC-MAP binder.
2. Go to the CT LTC-MAP website, www.mutualaidplan.org/ct and log in to your facility. Review the following tabs and be sure they are up to date: *(If you are unable to log on click the help button and request assistance)*
 - Facility Information, specifically:
 - Facility address, phone, and fax numbers
 - Generator information
 - Contact information for: *(At a minimum)*
 - Email address, office, cell, and home numbers for the Administrator, Director of Nursing, and Facilities Manager
 - LTC Beds:
 - Update your Categories of Care and information about the number of residents in dementia-secured units *(if applicable)*
 - Run a Category of Care Report by going to Reports. Select plan-wide reports on the left, click on LTC – Patient Care Categories, and then click on your region and facility type.
 - Evacuation Sites:
 - List your top 10 evacuation sites (cross-reference with categories of care)
 - Vendors:
 - Update all your vendors, as needed. At a minimum, you should have your critical vendors listed: generator repair, generator fuel, food, medical supply, and bed vendors.

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Full-Scale Exercise Definition

Full-Scale Exercises (FSEs) are typically the most complex and resource-intensive type of exercise. They involve multiple agencies, organizations, and jurisdictions and validate many facets of preparedness. In an FSE, events are projected through an exercise scenario with event updates that drive activity at the operational level. FSEs are usually conducted in a real-time, stressful environment that is intended to mirror a real incident. The FSE simulates reality by presenting complex and realistic problems that require critical thinking, rapid problem solving, and effective responses by trained personnel. The level of support needed to conduct an FSE is greater than that needed for other types of exercises. The exercise site for an FSE is usually large, and site logistics require close monitoring. Safety issues, particularly regarding the use of props and special effects, must be monitored. Throughout the duration of the exercise, many activities occur simultaneously.

Please review (below) the elements of the CT LTC-MAP 2019 full-scale exercise that reference the above definition of FSEs.

ALL DSFs should address each of the following elements of the exercise:

1. **Mock Residents:** This year, it is the responsibility of each DSF to arrange for volunteer mock residents (5-10 people) to be at its facility for the functional portion of the exercise. We recommend using off-shift staff, regular volunteers at your facility, or residents' family members as mock residents. The mock residents will not be leaving your facility; rather, they will be brought to your Holding Area and prepared for simulated evacuation. The purpose is to determine proper Holding Area location, setup, and simulated evacuation flow. Please reference Holding Area Coordinator Checklist at www.mutualaidplan.org/ct under 2019 Annual Exercises Documents.

During the exercise, we recommend you assign each mock resident a name tag, Emergency Evacuation Form, medical charts, equipment, and personal belongings. Please fill out the Emergency Evacuation Forms using true clinical information from residents. Each DSF will fill out forms for 10% of their licensed beds, up to twenty (20) Emergency Evacuation Forms. The more realistic you make this portion, the more your facility will benefit from the exercise.

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2. **Evaluators:** Have one to two evaluators (staff member, EMA, fire department/EMS representative, or other) within the Holding Area and the Command Center and have them evaluate the process of preparing residents to evacuate as well as any communication takes place internally and with external agencies. Evaluator Forms will be at www.mutualaidplan.org/ct under 2019 Annual Exercises Documents
3. **Transportation Evacuation Survey:** During the exercise days, all CT LTC-MAP members will conduct an internal transportation evacuation survey. This helps local fire departments and emergency medical services, transportation companies, and others understand the transportation needs of your residents. To assist with this, we recommend downloading the *“Instructions - Transportation Evacuation Survey (Online Version)”* at www.mutualaidplan.org/ct under 2019 Annual Exercises Documents folder.
4. **Emergency Reporting:** The day of the exercise, complete Emergency Reporting at www.mutualaidplan.org/ct within 30 minutes of receiving the Everbridge alert. Use this as a training opportunity. Complete with your leadership team. The goal is that all members of your team have the ability to complete Emergency Reporting. Since all members are DSFs, the emergency reporting must reference WHY you are evacuating. This can be based off potential real-world problems/issues that may arise at your facility/community should a tropical storm occur. What could force you out???? E.g., Roof damage with flooding, other structural damage, flooding of Electrical Room with transfer switch damage
5. **Activate your facility Command Center:** On the day of the exercise:
 - a. Assemble your team.
 - b. Simulate communications with the appropriate external agencies as appropriate.

IMPORTANT: For ALL real communications (radio, phone, verbal or other), please be sure to begin and end all transmissions with the phrase: “This is a drill.”

6. **Establish your Holding Area:** Fully set up the area where you would hold residents as they prepare to evacuate facility. Identify the staffing and equipment necessary to support this area. The objectives for this area are to:
 - a. Clinically assess residents prior to evacuation
 - b. Review all medical records / forms / personal belongings
 - c. Identify:
 - i. Medical diagnoses
 - ii. Current medications and last dose
 - iii. Allergies
 - iv. Mental status
 - v. Mobility
 - vi. Special precautions

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- d. **Medical Records:** Review process on how you would provide medical records (either paper or electronic), depending on the facility to which they'll go (e.g., can you transfer electronic records to other facilities within your parent company vs. those that are not?). Walk through this process to ensure your clinical team is clear on how you would accomplish this.
7. **Relocate Mock Residents to Holding Area:** Determine the process of getting the residents to the holding area, factoring in mobility, dementia residents, vertical movement for facilities over two stories, etc. Each mock resident should be run through the activities described in #6 when they arrive in the Holding Area.
8. **Mutual Aid Plan Binder:** Ensure you have one hard copy of the Mutual Aid Plan printed and in the facility Command Center or another accessible location.
 - a. Education should take place internally on the Plan for leadership positions and those who could answer incoming calls. Utilize the PowerPoint Presentation located online at www.mutualaidplan.org/ct under Home Page Documents or use the search bar for Facility PowerPoints for Education of Leadership and Staff Orientation. Be sure to maintain documentation of this as annual training, as required by the CMS Emergency Rule.
9. **Community Involvement:** To be CMS-compliant, you need to involve your community partners. Invite them now to your building for the day of your exercise to observe and/or serve as an evaluator. This includes the fire department, local emergency manager, and EMS. Please document this process throughout, including ensuring that all community partners sign in.

Note: If your community partners cannot attend or do not respond, please document this by saving email correspondence. Be sure to maintain this documentation, to provide to surveyors demonstrate compliance with the exercise requirements in the CMS Emergency Rule.

10. **Photos and Inject Response:** Please provide all requested Injects and Documents to in **ONE (1) email** to photos@mutualaidplan.org/ct
 - a. Subject Line – Your Facility Name and Region Number
 - b. Attach the following:
 - i. All Photos
 - ii. All documents

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11. **Facility After Action Report (AAR):** After the exercise, all CT LTC-MAP members will complete their own After Action Report. **In order to be compliant with the CMS Emergency Rule, facilities will need to complete the RPA-provided facility AAR template.** The objective of the AAR is to take lessons learned from the exercise and to incorporate them into and improve your Emergency Operations Plan. The AAR template will be provided by RPA via www.mutualaidplan.org/ct in the 2019 Exercise folder.

Please note: All members must save their Facility After Action Report with your internal documents/process. RPA will not be collecting copies of these reports.