

## FACILITY AFTER-ACTION REPORT / IMPROVEMENT PLAN

<b>Facility Name</b>	_____
<b>Exercise Name</b>	<b>2019 Full Scale Exercises: All Members Exercised as Disaster Struck Facilities (DSFs)</b>
<b>Exercise Date</b>	<b>November _____, 2019      Region: _____</b>
<b>Scope</b>	<p>These Full-Scale Exercises were planned for November 4-8, 2019 for all Connecticut Long Term Care Mutual Aid Plan (LTC-MAP) Facilities. Exercise play was limited to the scope of the exercises.</p> <p>In this year's exercise, all CT LTC-MAP members participated as Disaster Struck Facilities (DSFs) that were impacted by a natural disaster. Resident Accepting Facilities (RAFs) were simulated by the exercise facilitator during the exercises. This allowed members the opportunity to test not only elements of the LTC-MAP, but also their own internal emergency plans, as well. Components of the LTC-MAP and internal plans that were tested include:</p> <ul style="list-style-type: none"><li>• Activation of facility command centers;</li><li>• Reporting operational status;</li><li>• Completion of Transportation Evacuation Surveys;</li><li>• Activation and setup of internal holding areas;</li><li>• Matching residents to available Resident Accepting Facility (RAFs) beds;</li><li>• Submission of the "Resident / Medical Record / Staff / Equipment" tracking sheet to the email address that was provided;</li><li>• Activation of LTC Coordinating Centers in each Region to support the evacuations.</li></ul> <p>While evacuation of the Disaster Struck Facilities (DSFs) generally was notional, all members received a request to complete their Transportation Evacuation Survey using real information from their current census'. Members were also asked to simulate the evacuation of their floors using at least two of their staff members or other volunteers to act as mock residents. Members should have used this</p>

opportunity to test internal evacuation plans and equipment.

The LTC Coordinating Center that supported this incident was from a neighboring Region. Their exercise objectives include:

- Set Up of the LTC Coordinating Center
- Establish Regional Conference Call Objectives
- Assign staff to identify and manage:
  - Operational Issues
  - Open Beds
  - Transportation Resources
  - Resident Tracking

All participating plan members were expected to complete a Facility After Exercise Report and Improvement Plan documenting their participation.

**Mission Area(s)**

**Response**

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, provided the foundation for development of the exercise objectives and scenario. The purpose of this exercise was to measure and validate performance of the following capabilities and their associated critical tasks:

**Health Care Preparedness and Response Capabilities with associated Objectives**

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

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

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

**Threat or Hazard**

Tropical Storm

**Scenario**

A tropical storm caused localized flooding, power outages, and structural damage to all nursing homes and assisted living communities in Connecticut. With the threat of another tropical storm coming up the coast in the next 72 hours, all CT LTC-MAP members were forced to evacuate their facilities or communities.

**Sponsor**

**Connecticut Long Term Care Mutual Aid Plan (LTC-MAP)  
 Funded by Connecticut Department of Public Health**

**Participating Organizations**

<b>Participating Agencies and Organizations</b>
Region 1 LTC Coordinating Center – Lord Chamberlain, Stratford, CT. Stood up for Region 4 exercise on 11/4/2019.
Region 2 LTC Coordinating Center – Masonicare Health Center, Wallingford, CT. Stood up for Region 3 exercise on 11/5/2019.
Region 3 LTC Coordinating Center – Regional Coordination Center (RCC) at the Department of Public Works, Manchester, CT. Stood up for Region 2 exercise on 11/7/2019.
Region 4 LTC Coordinating Center – Harrington Court, Colchester, CT. Stood up for Region 5 exercise on 11/8/2019.
Region 5 LTC Coordinating Center – Newtown Rehabilitation & Health Care Center, Sandy Hook. Standing up for Region 1 exercise on 11/6/2019.
Disaster Struck Facilities - All LTC-MAP members
Connecticut Department of Public Health – Facilities Licensing & Investigations Section (FLIS)
Local Fire Departments, EMS and Emergency Management Officials (associated with the DSFs)
Regional Emergency Support Functions #8 (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 an opportunity to highlight strengths and areas for improvement.

<b>HCPR Capability 2, Objective 3, Activity 1</b>	
Did your leadership team review the needs of vendor support during the exercise? e.g., Transportation Vendor	
What vendors would you need to contact during this scenario? Where is their contact information located?	
Strengths:	Areas for Improvement:
Other Comments:	

<b>HCPR Capability 3, Objective 6 Activity 2</b>	
Did you determine the transportation needs of the full census of your facility at the time of the exercise by completing a Transportation Evacuation Survey?	
Did you activate and set up internal holding area(s) to prepare residents for evacuation?	
Where was the holding area(s) established and why was this area chosen?	
Was the Resident/MR/Staff/Equipment Tracking Sheet properly filled out by staff?	
Did your facility experience any trouble while completing the Resident Emergency Evacuation Forms as well as determining proper resident placement for the mock residents via the mock Resident Accepting Facilities (RAFs)?	
Strengths:	Areas for Improvement:
Other Comments:	

<b>H CPR Capability 3, Objective 6 Activity 1</b>	
Did your staff demonstrate effective response and evacuation coordination by using the Nursing Home Incident Command Center (NHICS) and community partner involvement?	
Did your staff demonstrate the ability to match categories of care of mock residents to provided mock RAFs?	
Strengths:	Areas for Improvement:
Other Comments:	

<b>HCPR Capability 2, Objective 2 Activity 3</b>	
What redundant communication systems are in place at your facility (e.g., landline telephone, cellular telephone, text, e-mail, fax, other 2-way communications, and the LTC-MAP website).	
Who conducted the online emergency reporting and what other members within the facility know how to conduct online emergency reporting should the primary person not be available?	
What is your process to manage sending residents medical records to RAFs? (e.g. electronic chart vs paper chart)	
Strengths:	Areas for Improvement:
Other Comments:	



General Comments / Observations

## 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:
<i>E.g. Our mass notification system worked well for communicating with staff and family.</i>

### 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:

Primary Areas for Improvement identified during this exercise	Action Plan for Improvement:	Responsible	Projected Completion Date"
<i>EXAMPLE: We determined that we don't have air conditioning in 100% of our building while on Generator.</i>	<ol style="list-style-type: none"> <li>1. Develop options to add air conditioning to our alternate power source.</li> <li>2. Develop contingency plans.</li> </ol>	<i>Director of Maintenance</i>	<i>8/1/19</i>

