

Connecticut Long Term Care Mutual Aid Plan (LTC-MAP) *for Evacuation and Resource / Asset Support* Orientation Session

Andy McGuire

CT LTC-MAP Program Manager
Fire & Emergency Management Consultant
RPA a JENSEN HUGHES Company



Recent Southern New England Mutual Aid Plan Activations The importance of active LTC-MAP members

Learning from experiences in:

- ▶ *May 2011*: CT Nursing Home Fire (Region 3)
- ▶ *2011 TORNADOS*: Springfield, MA (6/1)
- ▶ *Aug/Sept 2011*: Tropical Storm Irene/Lee Flooding
- ▶ *Oct/Nov*: "Halloween Storm" - Snowstorm / Power Failure
- ▶ *Oct/Nov 2012: Superstorm Sandy*
- ▶ *Feb 2013*: Blizzard
- ▶ *Jan 2014*: Snow Storm
- ▶ *June 2014*: Boston Facility Evacuation
- ▶ *Nov 2014*: Winter Storm "knife" – Buffalo Blizzard – 2 Facility Evacuations
- ▶ *Jan/Feb 2015*: Blizzards



Recent Southern New England Mutual Aid Plan Activations

The importance of active LTC-MAP members

Learning from experiences in:

- ▶ **February 2016:** “The Valentine’s Day Freeze”
 - Mystic, CT - 31 residents evacuated - burst pipe.
 - Dorchester, MA - 121 Bed facility at risk for evacuation - burst pipe with loss of heat and water.
 - Sunderland, MA - 56 Bed facility with a burst pipe forces internal transfer of residents.
 - Beverly, MA - 14 residents evacuated - burst pipe.
- ▶ **April 2016:** Milford, CT - Relocation of 50 residents due to internal air quality issue
- ▶ **June 2016:** Madison, CT - Fast out evacuation of 74 residents due to Bomb Threat



Recent Southern New England MAP Activations / Evacuations

The importance of active LTC-MAP members?

Learning from experiences in:

- ▶ **December 2016:** New Haven, CT - Natural gas explosion at chemical plant next to LTC facility
- ▶ **January 2017:** Meriden, CT - Loss of heat puts 70 residents at risk of evacuation
- ▶ **January 2017:** Danielson, CT - Relocation of 14 residents due to internal air quality issue
- ▶ **February 2017:** Winter Storm Niko affects all of New England
- ▶ **March 2017:** New Haven, CT – Evacuation of 177 Residents to 17 Facilities due to a burst sprinkler pipe above the electrical panel room



Recent Southern New England MAP Activations / Evacuations

The importance of active LTC-MAP members?

Learning from experiences in:

- ▶ *November 2018*: Woodbridge, CT – Evacuation of 60 residents due to internal flooding
- ▶ *November 2018*: Winter Storm Harper (Snow and Ice Storm) – Statewide emergency reporting for situational awareness.
- ▶ *January 2019*: Newport, RI - Evacuation of 87 residents due loss of heat / natural gas
- ▶ *July 2019*: East Hampton, CT - Evacuation of 49 residents due to fire and water damage



Overview of the Mutual Aid Plan



WHAT IS THE PURPOSE OF THE LTC-MAP?

Similar to mutual aid between police and fire departments, the plan allows long term care facilities to assist each other in an emergency.

- ▶ *Reduces impact on local emergency services*
- ▶ *Reduces impact on hospitals*
- ▶ *Reduces impact on residents and families*

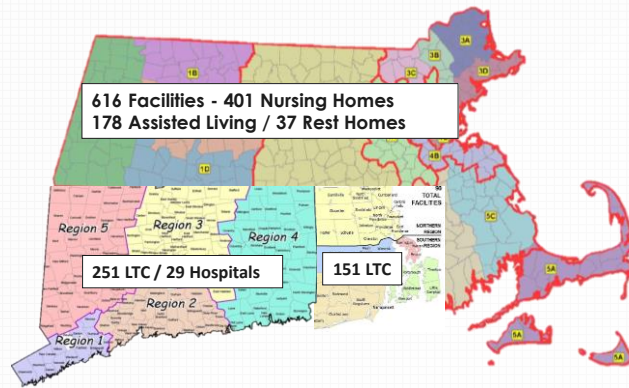


LTC-MAP STAKEHOLDERS WHY ARE WE SO SUCCESSFUL?

- ▶ Member facilities: 252
 - 213 Nursing Homes
 - 38 Assisted Living Facilities
- ▶ Hospitals
- ▶ Fire / Private EMS / PD
- ▶ State and Local Emergency Management
- ▶ Suppliers / Vendors
- ▶ State and Local Public Health
- ▶ Healthcare Coalitions (ESF#8s)



SOUTHERN NEW ENGLAND MUTUAL AID PLAN



WHAT IS THE LTC-MAP?

- ▶ Identified needs and provision of **supplies / equipment / pharmaceuticals**
- ▶ Assist with **transportation** of supplies / staff / equipment and residents that are relocated
- ▶ Provide **staffing** support
- ▶ Place and support the care of **evacuated residents**



PLAN OBJECTIVES AND SCOPE

- ▶ Voluntary Agreement – assist in time of disaster
- ▶ Annex to Comprehensive Emergency Management Plan for municipalities
- ▶ *Three disaster methodologies...*



SCENARIO-BASED FOCUS

- ▶ **Scenario 1:** Single Facility / Isolated Incident
 - ▶ Shelter-in-Place
 - ▶ Evacuation
- ▶ **Scenario 2:** Single Facility / Local or Area-wide Incident (ice storm, hurricane)
- ▶ **Scenario 3:** Multiple Facilities / Statewide or Regional Incident



MEMBER RESPONSIBILITIES

- ▶ Complete Emergency Reporting when activated
- ▶ Attend the Annual Education Conference (Spring)
- ▶ Participate in Annual Exercises (Fall)
- ▶ Use plan forms for resident tracking
- ▶ Level of care / Like for like evacuation
 - ▶ Categories of Care / LTC Beds
- ▶ Surge is a process and is not mandatory
 - ▶ Plan for 10% over maximum census



SECTION I ALGORITHMS

- ▶ Activation & Operations (1.1 – 1.6)
 - ▶ “Shelter In Place” - In need of resources / assets
 - ▶ “Facility Evacuation”
 - ▶ Evacuation Decision-Making Guide
 - ▶ Actions of Resident Accepting Facility (RAF)
 - ▶ Alert Notification Messages
 - ▶ Expanding Beyond the Region
 - ▶ Statewide / Southern New England LTC-MAP



CT LTC-MAP DUTY OFFICER

- ▶ LTC-MAP Steering Committee Volunteers
- ▶ **24/7 Resource** for plan members and partners
- ▶ ***First contact to a Disaster Struck Facility (DSF)***
- ▶ ***Activates the LTC-MAP Emergency Reporting system***
- ▶ Communicates with the Regional Steering Committees / Responders
- ▶ ***Assists with standing up the Regional LTC Coordinating Centers as needed***
- ▶ Primary contact for key partners and other agencies



SECTION III: ACTIONS OF RESIDENT ACCEPTING FACILITY

- ▶ Resident Accepting Facility (RAF)
 - ▶ Prepare to receive residents
 - ▶ Open Beds / Apartments vs. Surge Area
 - ▶ Beds / Apartments with Confirmed Admissions may be held open
 - ▶ Complete Emergency Reporting at www.mutualaidplan.org/ct
 - ▶ Complete Influx of Residents Log as residents arrive
 - ▶ Confirm with Disaster Struck Facility or LTC Coordinating Center that the residents have been received - ***"CLOSE THE LOOP"***
 - ▶ Start a new chart for each resident
 - ▶ If Lender: Prepare to provide requested Resources / Assets



SECTION III: ACTIONS OF RESIDENT ACCEPTING FACILITY

- ▶ Residents under care of a Resident Accepting Facility (RAF)
 - ▶ Residents to be returned and accepted at Disaster Struck Facility (DSF) at the end of the disaster – Communicate with Disaster Struck Facility
 - ▶ All service/care plans returned and copies of anything done while at the Resident Accepting Facility (RAF)
 - ▶ Communications: Assistance with Family / Primary Physician
 - ▶ NO MARKETING TO EVACUATED RESIDENTS



SECTION III: ACTIONS OF RESIDENT ACCEPTING FACILITY

- ▶ What happens when that call comes at 2:00 am?
 - ▶ Anyone who might answer the phone:
 - ▶ Basic knowledge that there is a Mutual Aid Plan
 - ▶ Get the name of the person calling, facility, contact number and issue or request
 - ▶ DON'T HANG UP ON THE AUTOMATED MESSAGE
 - ▶ Inform the facility "On Call Person" ASAP



SECTION III: ACTIONS OF RESIDENT ACCEPTING FACILITY

- ▶ What happens when that call comes at 2:00 am?
 - ▶ Resident Care Director – Scope of Emergency will determine actions:
 - ▶ Immediate analysis of open beds / apartments
 - ▶ Activate internal emergency notification tree
 - ▶ Complete Emergency Reporting at www.mutualaidplan.org/ct
 - ▶ Evacuation: Prepare to receiving incoming residents
 - ▶ Resource & Asset Request: Prepare to provide staff, equipment, supplies or transportation



LONG TERM CARE (LTC) COORDINATING CENTERS

- ▶ Region 1: Lord Chamberlain, Stratford
- ▶ ***Region 2: Masonicare Health Center, Wallingford***
- ▶ ***Region 3: Regional Coordinating Center, Manchester***
- ▶ Region 4: Harrington Court, Colchester
- ▶ Region 5: Newtown Health Care Center, Sandy Hook



THE LTC COORDINATING CENTER / "AIR TRAFFIC CONTROL"

- ▶ Staffed by Mutual Aid Plan volunteers
- ▶ Assist with resident placement
 - ▶ Find the "Open Beds"
- ▶ Support resident tracking
 - ▶ *"Close The Loop"*
- ▶ Assist with staff, supplies and equipment needs requests
- ▶ Assist with transportation
- ▶ Support interaction with local and state agencies

Ensure all members are accounted for!



THE LTC COORDINATING CENTER / AIR TRAFFIC CONTROL

- ▶ Facilities Grouped for Tracking
 - ▶ **Group 1:** Reported No Issues (no actions taken / not called)
 - ▶ **Group 2:** Reported Issues (communicated with between 1-2 times daily for situation updates and resource needs)
 - ▶ **Group 3:** Did Not Report – Considered "at risk" until communicated with

Drains resources when the facility is "OK" and did not report



SECTION IV: COMMUNICATIONS

- ▶ Everbridge Alert Notification System
 - ▶ Email
 - ▶ Text Messaging
 - ▶ Phone calls
- ▶ Mutual Aid Plan Email Notification
- ▶ Constant Contact Email Notification
 - ▶ Monthly bulletins, updates, Duty Officer contact information
- ▶ Full Communications Failure
 - ▶ Bring Situation Status Report to local hospital, fire station, police department or EOC (local Emergency Manager provides this counsel) / Distress Notification



SECTION V: TRANSPORTATION / EVACUATION SURVEY

- ▶ Disaster Struck Facility will provide:
 - ▶ Total requiring bariatric transport (Non-ambulatory and >350/400lbs for EMS > 600lbs for Buses)
 - ▶ Total Wheelchair Van/Bus Residents – Transfer to another facility
 - ▶ Total for Standard Ground Transport – Transfer to another facility
 - ▶ Discharge to Home:
 - ▶ Total Wheelchair Van/Bus Residents
 - ▶ Total for Standard Ground Transport



My Facility Transportation and Evacuation Survey

Facility Type / Area	Total Patients	CCT	CCT - NICU	CCT - PICU	CCT - Bariatric	ALS	ALS - Bariatric	BLS	BLS - Bariatric	Chair Car / Wheelchair	Chair Car / Wheelchair - Bariatric	Normal Means - Bus / Car	Continuous O ₂	Vent	Medical Equipment	Dementia Secured
Totals:	278	0	0	0	0	0	0	0	0	165	0	113	12	0	4	112
Nursing Home	148	0	0	0	0	0	0	0	0	129	0	19	10	0	4	65
1st story	83	0	0	0	0	0	0	0	0	74	0	9	8	0	2	0
2nd story	65	0	0	0	0	0	0	0	0	55	0	10	2	0	2	65
Assisted Living	130	0	0	0	0	0	0	0	0	36	0	94	2	0	0	47
<i>The Greens at Cannondale</i>	130	0	0	0	0	0	0	0	0	36	0	94	2	0	0	47

Transportation Evacuation Tool - Results: 104 TOTAL Residents

- 0: BLS (Stretcher)
- 165: Chair Car / Wheelchair Vehicle (limited assist)
- 113: Ambulatory
- 12: Continuous Oxygen
- 112: Dementia Secured



SECTION V: TRANSPORTATION RESOURCES

- ▶ Total State of CT Transportation Assets:
 - ▶ 320 Vehicles
 - ▶ CAPACITY: 2,484 Residents
 - ▶ 2,162 Seats
 - ▶ 322 Wheelchairs



SECTION VI: RECORDS, MEDS, IDENTIFICATION / TRACKING

- ▶ 100% - Facility Issued Wristbands (Name, DOB, MR#)
- ▶ 100% - Resident Emergency Evacuation Form
- ▶ Active Chart (If possible):
 - ▶ Face Sheet
 - ▶ Physician Orders
 - ▶ History & Physical
 - ▶ MAR (Medication Admin Record)
 - ▶ TAR (Treatment Admin Record)
 - ▶ Care Plan
 - ▶ Current Nursing & Therapy Notes
 - ▶ Resident Photo
- ▶ Resident / MR / Staff / Equipment Tracking Sheet
- ▶ DNR Bracelets / DNR Transfer Sheets



SECTION VI: GO-KIT / BOX / BAG

- ▶ Trash bags or other waterproof containers for residents Active Chart and basic personal belongings
- ▶ **Residents Emergency Evacuation Forms (150% of beds)**
- ▶ **Resident / Medical Record / Staff / Equipment Tracking sheet (33% of beds)**
- ▶ **Influx of Resident forms (5-10)**
- ▶ Wrist bands with blank labels (all residents)
- ▶ Permanent markers & other writing materials
- ▶ Other materials as directed by your Emergency Operations Plan (Disaster Plan)



SECTION VII: STAFF / PHARMACEUTICALS / SUPPLIES / EQUIPMENT

▶ Supplies / Equipment

- ▶ 1st - Request to Standard Vendors
 - ▶ Verbal first followed by documentation if possible
- ▶ 2nd - Supplies/Suppliers Listed in LTC-MAP
- ▶ 3rd - Working with your local EOC / Emergency Manager
- ▶ 4th - Other facilities in Region and outside of Region (other LTC-MAPs)
 - ▶ Using the LTC Coordinating Center to support



SECTION VII: STAFF / PHARMACEUTICALS / SUPPLIES / EQUIPMENT

▶ Staffing

- ▶ Emergency Credentialing (Just-in-Time)
 - ▶ Facility ID
 - ▶ Picture ID
 - ▶ Sign-in at Facility / Sign-out
 - ▶ Responsible Party – Assigned to
 - ▶ Orientation – Briefing
 - ▶ Background Checks
 - ▶ OIG and State (DPH/DSS) Exclusion List
 - ▶ State Licensure List
 - ▶ Sex Offender Registry
 - ▶ State Police Background Check



SECTION VIII: MEMORANDUM OF UNDERSTANDING

- ▶ Memorandum of Understanding (MOU) – will be signed by all
 - ▶ General Principles of Understanding
 - ▶ Process for addressing sharing of supplies, equipment, pharmaceuticals, transportation and staff
 - ▶ Provides resident transfer agreements with all LTC-MAP members (SNF & AL)
 - ▶ Payer Process: No Discharge / No Admit, 30 Day Sheltering process



SECTION XIII: FORMS

- ▶ Documentation:
 - **Resident Emergency Evacuation Form**
 - **Resident / Medical Record and Equipment Tracking Sheet**
 - **Influx of Residents Log**
 - **Controlled Substances Receiving Log**
 - **Pharmaceuticals / Equipment / Supplies Request Form**



CONNECTICUT RESIDENT EMERGENCY EVACUATION FORM

(Barcode Label/Triage Tag – All 3 Copies)
 Triage Tag Number _____

Sending Facility: _____
 Address: _____
 Contact Name: _____ Title: _____
 Tel (____) _____

Receiving Facility: _____
 Address: _____
 Confirmed Sending with: _____ Title: _____
 Name: _____
 Tel (____) _____ Date/Time Called: _____

Transport Via: ☐ ALS ☐ BLS ☐ Wheelchair Van ☐ Bus/Van

Resident Name (last, first, middle init): _____ ☐ Photo
 DOB: ____/____/____ Sex: ☐ M ☐ F
 Language: ☐ English ☐ Other _____
 Alternate Communication: _____
 Date Admitted (most recent): ____/____/____

Contact Person: _____
 Relationship (check all that apply)
☐ Relative ☐ Health care proxy ☐ Guardian ☐ Other
 Tel (____) _____
 Notified of transfer? ☐ Yes ☐ No
 Aware of clinical situation? ☐ Yes ☐ No

Primary Care Clinician in Nursing Home / Pharmacy
☐ MD ☐ NP ☐ PA
 Name: _____
 Tel (____) _____
 Facility Pharmacy: _____
 Tel (____) _____

Critical Diagnosis: _____ Treatments: _____

Code Status: ☐ Full Code ☐ DNR ☐ DNI ☐ DNH ☐ Comfort Care Only ☐ Uncertain ☐ Other (attach advanced directives or DNR)

MEDICATIONS			<input type="checkbox"/> MAR Attached		
DRUG, STRENGTH, MODE	FREQUENCY	LAST GIVEN	DRUG, STRENGTH, MODE	FREQUENCY	LAST GIVEN
1.			5.		
2.			6.		
3.			7.		
4.			8.		

Key Clinical Information:
 Relevant diagnoses: ☐ CHF ☐ COPD ☐ CRF ☐ DM ☐ CA: _____ ☐ Other: _____
 Vital Signs: BP: _____ HR: _____ RR: _____ Temp: _____ O2 Sat: _____ Time taken (am/pm): _____
 Most recent pain level: _____ (N/A) Pain location: _____
 Most recent pain med: _____ Date given: ____/____/____ Time: (am/pm): _____

Usual Mental Status: ☐ Dementia
☐ Alert, oriented, follows instructions
☐ Alert, disoriented, but can follow simple instructions

Behavior Problems / Safety Risk: ☐ None
☐ Elopement
☐ Verbally Aggressive

Isolation Precautions: ☐ None
☐ MRSA ☐ VRE Site: _____
☐ C. difficile ☐ Norovirus

CONNECTICUT RESIDENT/MEDICAL RECORD/STAFF/EQUIPMENT TRACKING SHEET

THIS PORTION TO BE COMPLETED BY EVACUATING/SENDING FACILITY

Sending Facility: _____
 Contact Person: _____
 Tel (____) _____

Receiving Facility: _____
 Contact Person: _____
 Tel (____) _____ Date/Time Called: _____

Resident	Contact Information (Note Date & Time Contacted)	Sent with Resident (Check all that apply)	EMS or Bus Company Name & Vehicle ID	Time Vehicle Departed	Time Arrived Receiving Facility TO COMPLETE
Name: _____ MR or Tracking #: _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F DOB: ____/____/____	Family Contact: _____ Tel (____) _____ Date/Time: _____ Physician: _____ Tel (____) _____ Date/Time: _____	<input type="checkbox"/> Chart <input type="checkbox"/> Meds <input type="checkbox"/> MAR <input type="checkbox"/> Equipment: _____ <input type="checkbox"/> Staff (Name): _____			
Name: _____ MR or Tracking #: _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F DOB: ____/____/____	Family Contact: _____ Tel (____) _____ Date/Time: _____ Physician: _____ Tel (____) _____ Date/Time: _____	<input type="checkbox"/> Chart <input type="checkbox"/> Meds <input type="checkbox"/> MAR <input type="checkbox"/> Equipment: _____ <input type="checkbox"/> Staff (Name): _____			
Name: _____ MR or Tracking #: _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F DOB: ____/____/____	Family Contact: _____ Tel (____) _____ Date/Time: _____ Physician: _____ Tel (____) _____ Date/Time: _____	<input type="checkbox"/> Chart <input type="checkbox"/> Meds <input type="checkbox"/> MAR <input type="checkbox"/> Equipment: _____ <input type="checkbox"/> Staff (Name): _____			
Name: _____ MR or Tracking #: _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F DOB: ____/____/____	Family Contact: _____ Tel (____) _____ Date/Time: _____ Physician: _____ Tel (____) _____ Date/Time: _____	<input type="checkbox"/> Chart <input type="checkbox"/> Meds <input type="checkbox"/> MAR <input type="checkbox"/> Equipment: _____ <input type="checkbox"/> Staff (Name): _____			

Special Notes: _____

THIS PORTION TO BE COMPLETED BY RECEIVING FACILITY
INSTRUCTIONS: COMPLETE THIS BOX, THE FINAL COLUMN ABOVE, AND THE INFLUX OF RESIDENTS LOG.

Receiving Facility Name: _____ State: _____
 Person Completing Form: _____ Completed: _____
 Did you communicate receipt of resident with the LTC Coordinating Center or Disaster Struck (Sending) Facility? ☐ Yes ☐ No (If no, please do so now)
 Print Name of Primary Contact: _____ Phone: _____

Top Copy – Receiving Facility Middle Copy – EMS / Transportation Bottom Copy – Disaster Struck Facility Fax Copy to LTC Coordinating Center

Page ____ of ____

CONNECTICUT INFLUX OF RESIDENTS LOG

RECEIVING FACILITY INSTRUCTIONS: COMPLETE AND MATCH AGAINST RESIDENT/MEDICAL RECORD/STAFF/EQUIPMENT TRACKING SHEET

Resident	Sending Facility (Facility Received From)	Contact Information (Note Date & Time Contacted)	Received with Resident (Check all that apply)	Time/Date Arrived	Time/Date Triage (T) / Destination (D)
Name: _____ MR or Tracking #: _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F DOB: ____/____/____		Family Contact: _____ Tel: (____) _____ Date/Time: _____ Physician: _____ Tel: (____) _____ Date/Time: _____	<input type="checkbox"/> Chart <input type="checkbox"/> Meds <input type="checkbox"/> MAR <input type="checkbox"/> Equipment: _____ <input type="checkbox"/> Staff (Name): _____		
Name: _____ MR or Tracking #: _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F DOB: ____/____/____		Family Contact: _____ Tel: (____) _____ Date/Time: _____ Physician: _____ Tel: (____) _____ Date/Time: _____	<input type="checkbox"/> Chart <input type="checkbox"/> Meds <input type="checkbox"/> MAR <input type="checkbox"/> Equipment: _____ <input type="checkbox"/> Staff (Name): _____		
Name: _____ MR or Tracking #: _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F DOB: ____/____/____		Family Contact: _____ Tel: (____) _____ Date/Time: _____ Physician: _____ Tel: (____) _____ Date/Time: _____	<input type="checkbox"/> Chart <input type="checkbox"/> Meds <input type="checkbox"/> MAR <input type="checkbox"/> Equipment: _____ <input type="checkbox"/> Staff (Name): _____		
Name: _____ MR or Tracking #: _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F DOB: ____/____/____		Family Contact: _____ Tel: (____) _____ Date/Time: _____ Physician: _____ Tel: (____) _____ Date/Time: _____	<input type="checkbox"/> Chart <input type="checkbox"/> Meds <input type="checkbox"/> MAR <input type="checkbox"/> Equipment: _____ <input type="checkbox"/> Staff (Name): _____		
Name: _____ MR or Tracking #: _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F DOB: ____/____/____		Family Contact: _____ Tel: (____) _____ Date/Time: _____ Physician: _____ Tel: (____) _____ Date/Time: _____	<input type="checkbox"/> Chart <input type="checkbox"/> Meds <input type="checkbox"/> MAR <input type="checkbox"/> Equipment: _____ <input type="checkbox"/> Staff (Name): _____		

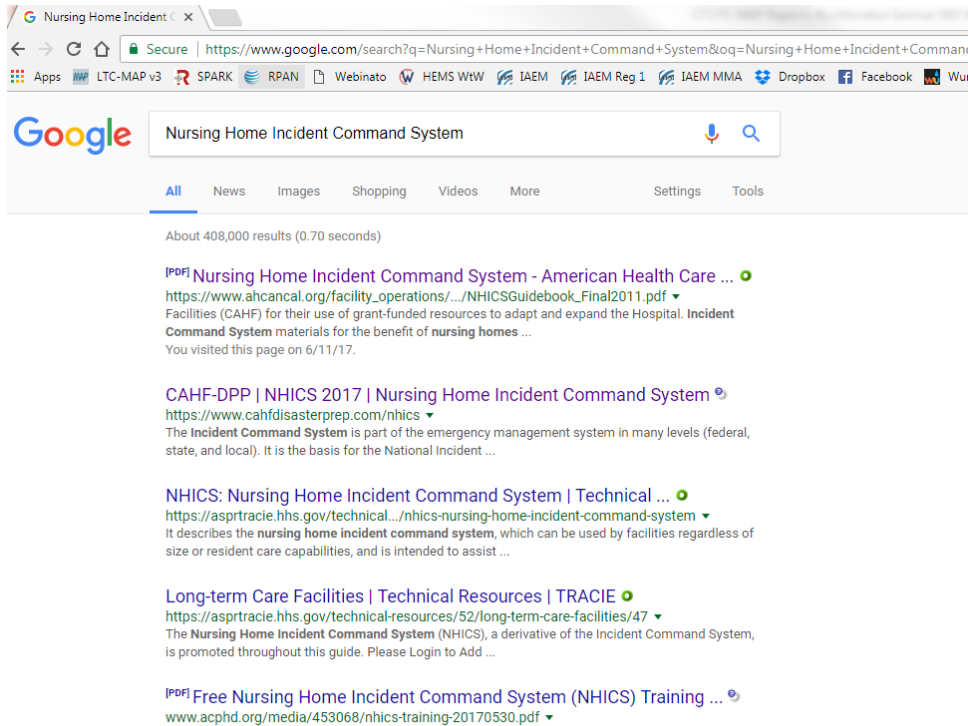
Special Notes: _____

Receiving Facility Name: _____ City: _____ State: _____
 Person Completing Form: _____ Time Completed: _____
 Did you communicate receipt of resident with the LTC Coordinating Center or Disaster Struck (Sending) Facility? ☐ Yes ☐ No (If No, please do so now)
 Print Name of Primary Contact: _____ Phone: _____

FACILITY MUST BE READY INTERNALLY

- ▶ Hazard Vulnerability Analysis (HVA)
- ▶ Incident Command System (NHICS)
- ▶ Full Building Evacuation Plan
 - **Gets your residents to the sidewalk**
- ▶ Influx of Residents (Census Reduction / Rapid Discharge Plan / Surge Capacity Plan)
- ▶ Facility Specific Emergency Operations Plan
 - ▶ Disaster-specific response plans
 - ▶ Resources & Assets for 72 – 96 hours





Complete Evacuation Components of a Full Building Evacuation Plan

1. Activation of Plan and Labor / Staff Pool
2. Establishment of Internal Holding Areas
3. Resident Preparation on Floors
 - a) Marking of Resident Rooms (evacuated)
 - b) Prioritization of Move (Low acuity to higher acuity?)
4. Coordination of Transportation
5. Determine Receiving Sites / Stop Over Point
6. Resident Tracking (internal and external)



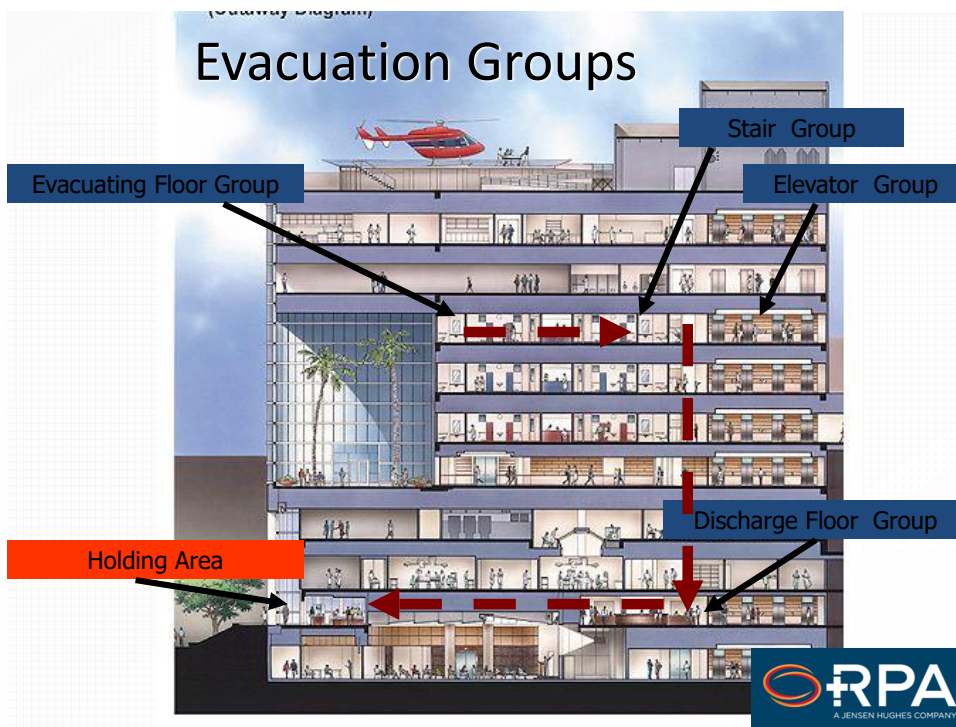
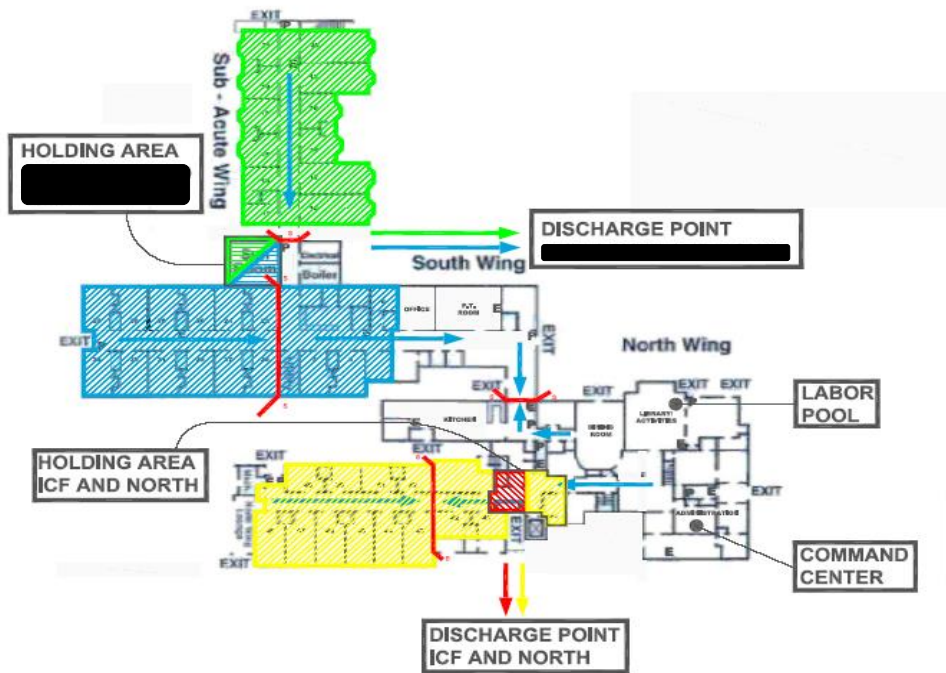
Vertical Evacuation Methods



Vertical Evacuation Methods



RUSSELL PHILLIPS
& ASSOCIATES



Influx of residents / Surge Guidelines

- Staffing - Internal
 - + Do you need to call in additional staff? How many?
- Staffing - External
 - + What is the facility sending to you?
- Supplies
 - + Baseline inventory for extended sustainability
 - + Food service
 - + Clinical
 - + Housekeeping / Laundry
 - + Maintenance – Beds, Mattresses, Privacy Screens



Preparation

- Communications
 - + Process for residents families
 - + Process for Fire Marshal and other local notifications
- Triage
 - + Pre-designate a triage location
 - + Pre-assign “positions”
 - + Nursing – Triage / Manage Care
 - + Social Work – Support
 - + Administration – Tracking / Documentation



Preparation

➤ Surge Area

- + Pre-set areas to surge
 - + Activity Rooms
 - + Lounges
 - + Dining Rooms (outside of main dining area)
 - + Auditoriums
 - + Meeting Rooms
 - + Residents Rooms (ability to expand)
 - + Rehab / Therapy Rooms (lower on list!!!)
- + Pre-set area layout
 - + See floorplan (coming pages)



Options for Increasing Capacity

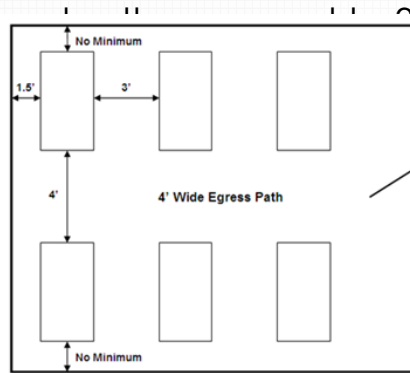
- Open (vacant) rooms
- Transform non-sleeping areas into temporary shelter areas
 - + Areas served with emergency power for residents with critical electric medical equipment
- Expand resident room capacity



Room Expansion

➤ Rule of thumb:

- + 13' room depth – expand to 2nd bed
- + Factor: Bathroom door and how it affects the room
- + 19' room depth – expand to 2nd bed



Sample Layout #1



Surging Beyond Capacity



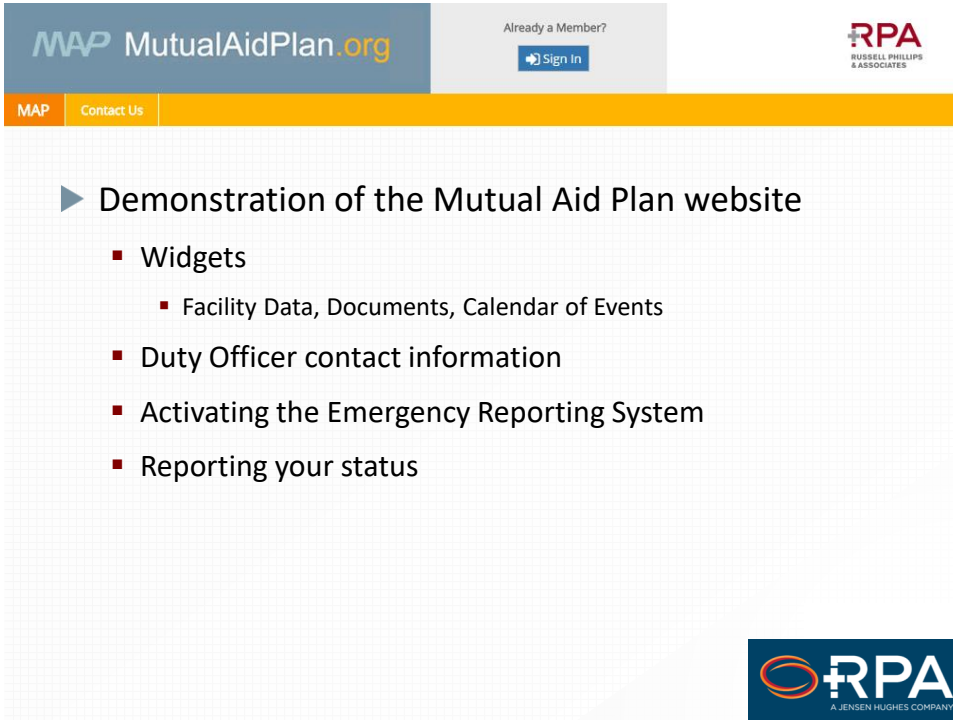
Emergent Situations

- Immediate sheltering of persons is needed
 - + May include an isolated, single facility evacuation
- Regional event - multiple facility evacuations
- Situations affecting infrastructure and transportation routes
 - + Extended travel is unsafe due to road conditions and/or weather conditions
- Limited transportation resources
 - + Transportation resources (including EMS) are overwhelmed and transport



LTC-MAP Website





The screenshot shows the top section of the Mutual Aid Plan website. On the left, the logo 'MAP MutualAidPlan.org' is displayed. To its right, a grey box contains the text 'Already a Member?' and a blue 'Sign In' button. Further right is the 'RPA' logo with 'RUSSELL PHILLIPS & ASSOCIATES' underneath. Below these elements is an orange navigation bar with 'MAP' and 'Contact Us' links. The main content area below the navigation bar has a light grey background with a subtle grid pattern.

MAP MutualAidPlan.org

Already a Member?
Sign In

RPA
RUSSELL PHILLIPS
& ASSOCIATES

MAP Contact Us

► **Demonstration of the Mutual Aid Plan website**

- Widgets
 - Facility Data, Documents, Calendar of Events
- Duty Officer contact information
- Activating the Emergency Reporting System
- Reporting your status

RPA
A JENSEN HUGHES COMPANY

QUESTIONS

Andrew D. McGuire, CEM, EMT-P

CT LTC-MAP Program Manager
Fire & Emergency Management Consultant
andrew.mcguire@jensenhughes.com
860-793-8600 Office
203-648-7116 Cell

Kim Joyce

LTC-MAP Administrative Coordinator
Kim.joyce@jensenhughes.com
860-793-8600 Office

