

EXERCISE EVALUATION GUIDE (EEG)

<p>Exercise Name: New York June 2021 Long Term Care Mutual Aid Plan (LTC-MAP) Full Scale Exercise</p> <p>Exercise Date: _____</p>	<p>Organizations:</p> <ul style="list-style-type: none"> Long Term Care Executive Council MAP Greater Rochester MAP Southern Tier MAP Western New York MAP 	<p>Location Evaluated:</p> <p>Disaster Struck Facility Command Center:</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Facility Name</p>
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2017-2022 Health Care Preparedness and Response Capabilities with associated Objectives

The capabilities listed below provide the foundation for development of the exercise objectives and scenario. The purpose of this exercise is to measure and validate performance of these capabilities and their associated critical tasks. The selected capabilities are:

HCP&RC Capability 2: Health Care and Medical Response Coordination: Health care organizations, the HCC, their jurisdiction(s), and ESF-8 lead agency plan and collaborate to share and analyze information, manage, and share resources, and coordinate strategies to deliver medical care to all populations during emergencies and planned events.

HCP&RC Capability 3: Continuity of Health Care Service Delivery: Health care organizations, with support from the HCC and the Emergency Support Function-9 (ESF-8) lead agency, provide uninterrupted, optimal medical care to all populations in the face of damaged or disabled health care infrastructure. Health care workers are well-trained, well-educated, and well-equipped to care for patients during emergencies. Simultaneous response and recovery result in a return to normal or, ideally, improved operations.

HCP&RC Capability 4: Medical Surge: Health care organizations – including hospitals, emergency medical services (EMS), and out-of-hospital providers – deliver timely and efficient care to their patients even when the demand for health care services exceeds available supply. The HCC, in collaboration with the Emergency Support Function-8 (ESF-8) lead agency, coordinates information and available resources for its members to maintain conventional surge response. When an emergency overwhelms the HCC’s collective resources, the HCC supports the health care delivery system’s transition to contingency and crisis surge response and promotes a timely return to conventional standards of care as soon as possible.

Objective 1: Communications: Communicate appropriately between the Disaster Struck Facility, Regional Coordinating Center (RCC) and each Resident Accepting Facilities (RAFs).

Relates to Health Care Preparedness & Response Capabilities, Capability 2: Health Care and Medical Response Coordination

Critical Tasks:

- Established proper communication with the facility’s Command Center.
- Command Center informed every time a group of residents left the facility so they could communicate with the Resident Accepting Facility and the Regional Coordinating Center (RCC) as needed.
- Effectively communicate with the Resident Accepting Facilities (RAFs) that evacuees were coming to their location (If assigned by the Command Center).
- (Simulate) Notification of the responsible parties (resident’s families) and physicians.

Objective 2: Evacuation: Ensure appropriate triage from the Holding Area to vehicles and use the LTC-MAP tools to log all residents out of the facility when leaving to enable tracking to take place.

Relates to Health Care Preparedness & Response Capabilities, Capability 3: Continuity of Health Care Service Delivery

Critical Tasks:

- Implement the Incident Action Plan (IAP) as directed by the Command Center as it related to Holding Area Operations.
- Identify a Holding Area Coordinator (team leader) to effectively manage the Holding Area.
- Establish a cohesive process to coordinate the evacuation, assure resident tracking and continuity of resident care (simulated).
- Communicate to Command Center any identified current and future needs (supplies/equipment, transportation, staffing).

Objective 3: Resident Tracking: Ensure that residents are tracked throughout the entire process, from the Disaster Struck Facility (DSF) to the Resident Accepting Facilities (RAFs).

Relates to Health Care Preparedness & Response Capabilities, Capability 3: Continuity of Health Care Service Delivery

Critical Tasks:

- Were Resident / Medical Record / Staff / Equipment Tracking Sheets provided to the Command Center, the Transportation Unit Leader and sent to the Resident Accepting Facilities?
- Were the Resident Emergency Evacuation Tags filled out for each “mock” resident?
- Were the resident’s medical records and medications packaged for transport with each resident?

Source(s): New York Long Term Care Mutual Aid Plans and associated documents. Facility’s Full Building Evacuation Plan.

Homeland Security Exercise and Evaluation Program (HSEEP)

Disaster Struck Facility Command Center EEG
(DSF Holding Area EEG)

New York Long Term Care Mutual Aid Plan (LTC-MAP)
Full Scale Exercise

Capability Objective	Associated Critical Tasks	Observation Notes and Explanation of Rating	Target Rating
<p>Objective 1: Communications: Communicate appropriately between the Disaster Struck Facility, Regional Coordinating Center (RCC) and each Resident Accepting Facilities (RAFs).</p>	<ul style="list-style-type: none"> • Established proper communication with the facility's Command Center. • Command Center informed every time a group of residents left the facility so they could communicate with the Resident Accepting Facility and the Regional Coordinating Center (RCC) as needed. • Effectively communicate with the Resident Accepting Facilities (RAFs) that evacuees were coming to their location (If assigned by the Command Center). • (Simulate) Notification of the responsible parties (resident's families) and physicians. 		
<p>Objective 2: Evacuation: Ensure appropriate triage from the Holding Area to vehicles and use the LTC-MAP tools to log all residents out of the facility when leaving to enable tracking to take place.</p>	<ul style="list-style-type: none"> • Implement the Incident Action Plan (IAP) as directed by the Command Center as it related to Holding Area Operations. • Identify a Holding Area Coordinator (team leader) to effectively manage the Holding Area. • Establish a cohesive process to coordinate the evacuation, assure resident tracking and continuity of resident care (simulated). • Communicate to Command Center any identified current and future needs (supplies/equipment, transportation, staffing). 		

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<p>Objective 3: Resident Tracking: Ensure that residents are tracked throughout the entire process, from the Disaster Struck Facility (DSF) to the Resident Accepting Facilities (RAFs).</p>	<ul style="list-style-type: none"> • Were Resident / Medical Record / Staff / Equipment Tracking Sheets provided to the Command Center, the Transportation Unit Leader and sent to the Resident Accepting Facilities? • Were the Resident Emergency Evacuation Tags filled out for each "mock" resident? • Were the resident's medical records and medications packaged for transport with each resident? 		
		<p>Final Core Capability Rating</p>	

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Any suggestions for NY LTC-MAP plan improvements:

Any Exercise Suggestions:

Other Disaster Struck Facility Command Center Comments:

Evaluator Name _____

Evaluator E-mail _____

Phone _____

Ratings Key

- P – Performed without Challenges
- S – Performed with Some Challenges
- M – Performed with Major Challenges
- U – Unable to be Performed

PLEASE FAX COMPLETED EEG TO 860-793-4880 or e-mail to

andrew.mcguire@jensenhughes.com

By: June 11, 2021

Ratings Definitions

<p>Performed without Challenges (P)</p>	<p>The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws.</p>
<p>Performed with Some Challenges (S)</p>	<p>The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws. However, opportunities to enhance effectiveness and/or efficiency were identified.</p>
<p>Performed with Major Challenges (M)</p>	<p>The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s), but some or all of the following were observed: demonstrated performance had a negative impact on the performance of other activities; contributed to additional health and/or safety risks for the public or for emergency workers; and/or was not conducted in accordance with applicable plans, policies, procedures, regulations, and laws.</p>
<p>Unable to be Performed (U)</p>	<p>The targets and critical tasks associated with the core capability were not performed in a manner that achieved the objective(s).</p>