

## EXERCISE EVALUATION GUIDE (EEG)

<p><b>Exercise Name:</b> New York June 2021 Long Term Care Mutual Aid Plan (LTC-MAP) Full Scale Exercise</p> <p><b>Exercise Date:</b> _____</p>	<p><b>Organizations:</b></p> <ul style="list-style-type: none"> <li>• Long Term Care Executive Council MAP</li> <li>• Greater Rochester MAP</li> <li>• Southern Tier MAP</li> <li>• Western New York MAP</li> </ul>	<p><b>Location Evaluated:</b> Disaster Struck Facility Command Center:</p> <p>_____</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: Activation:** Upon the start of the exercise, utilize the activation/notification procedures within the LTC-MAP.  
**Relates to Health Care Preparedness & Response Capabilities, Capability 2:** Health Care and Medical Response Coordination

**Critical Tasks:**

- (Simulate) Call 911 or the local Public Safety Answering Point (PSAP)
- Call local health department and other community partners as indicated in facility’s Emergency Operations Plan (EOP)
- Call the Regional Coordinating Center (RCC) to activate the LTC-MAP.
- Implement internal disaster notification, and activate Disaster Struck Facility (DSF) Command Center.

**Objective 2: Communications:** Ensure the facility being evacuated utilizes appropriate communication channels to contact local 911 (simulated), Regional Coordinating Center (RCC) (activation & operations), and the Resident Accepting Facilities (RAFs).

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

**Critical Tasks:**

- Assign a Liaison Officer to communicate with EMS/Fire/Health Department/Local Emergency Management.
- Assign a Liaison Officer to communicate with the Regional Coordinating Center location for coordination of resident placement, transportation needs, supplies, equipment, etc.
- Effectively communicate and update tracking and resident information with the Resident Accepting Facilities and the Regional Coordinating Center (RCC).
- (Simulate) Notification of the responsible parties (resident’s families) and physicians.

**Objective 3: 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:**

- Establish an Incident Action Plan (IAP), coordinate IAP with Regional Coordinating Center (RCC), local first responders and local Emergency Management.
- Command Staff receives the status reports from each department and aggregate data for the numbers and types of transportation needed for residents necessary to evacuate the facility.
- Census Reduction discussed in the Command Center as a viable option for some residents, vs. evacuation.
- Complete Emergency Reporting in the LTC-MAP website, accessed for receiving updates.
- From the RCC status reports/updates, Incident Command identifies current and future needs (supplies/equipment, transportation, staffing).

**Objective 4: Resident Tracking:** Ensure that residents are tracked throughout the entire process, from the Disaster Struck Facility (DSF) to the Resident Accepting Facility (RAF)

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

**Critical Tasks:**

- Command Staff mandates the use of the Resident / Medical Record / Staff / Equip Tracking Sheets.
- Command Staff direct staff to utilize the Resident Emergency Evacuation Tags.
- Residents were properly tracked and accounted for (“close the loop”) with the RAFs and / or the Regional Coordinating Center (RCC).

**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 CC 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><b>Objective 1:</b> <b>Activation:</b> Upon the start of the exercise, utilize the activation/notification procedures within the LTC-MAP.</p>	<ul style="list-style-type: none"> <li>• (Simulate) Call 911 or the local Public Safety Answering Point (PSAP).</li> <li>• Call local health department and other community partners as indicated in facility's Emergency Operations Plan (EOP).</li> <li>• Call the Regional Coordinating Center (RCC) to activate the LTC-MAP.</li> <li>• Implement internal disaster notification, and activate Disaster Struck Facility (DSF) Command Center.</li> </ul>		
<p><b>Objective 2:</b> <b>Communications:</b> Ensure the facility being evacuated utilizes appropriate communication channels to contact local 911 (simulated), Regional Coordinating Center (RCC) (activation &amp; operations), and the Resident Accepting Facilities (RAFs).</p>	<ul style="list-style-type: none"> <li>• Assign a Liaison Officer to communicate with EMS/Fire/Health Department/Local Emergency Management.</li> <li>• Assign a Liaison Officer to communicate with the Regional Coordinating Center location for coordination of resident placement, transportation needs, supplies, equipment, etc.</li> <li>• Effectively communicate and update tracking and resident information with the Resident Accepting Facilities and the Regional Coordinating Center (RCC).</li> <li>• (Simulate) Notification of the responsible parties (resident's families) and physicians.</li> </ul>		

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<p><b>Objective 3:</b> <b>Evacuation:</b> 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"> <li>• Establish an Incident Action Plan (IAP), coordinate IAP with Regional Coordinating Center (RCC), local first responders and local Emergency Management.</li> <li>• Command Staff receives the status reports from each department and aggregate data for the numbers and types of transportation needed for residents necessary to evacuate the facility.</li> <li>• Census Reduction discussed in the Command Center as a viable option for some residents, vs. evacuation.</li> <li>• Complete Emergency Reporting in the LTC-MAP website, accessed for receiving updates.</li> <li>• From the RCC status reports/updates, Incident Command identifies current and future needs (supplies/equipment, transportation, staffing).</li> </ul>		
<p><b>Capability Objective 4:</b> <b>Resident Tracking:</b> Ensure that residents are tracked throughout the entire process, from the Disaster Struck Facility (DSF) to the Resident Accepting Facility (RAF)</p>	<ul style="list-style-type: none"> <li>• Command Staff mandates the use of the Resident / Medical Record / Staff / Equip Tracking Sheets.</li> <li>• Command Staff direct staff to utilize the Resident Emergency Evacuation Tags.</li> <li>• Residents were properly tracked and accounted for (“close the loop”) with the RAFs and / or the Regional Coordinating Center (RCC).</li> </ul>		
<b>Final Core Capability Rating</b>			

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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.mcquire@jensenhughes.com](mailto:andrew.mcquire@jensenhughes.com)**  
**By: June 11, 2021**

### Ratings Definitions

<p><b>Performed without Challenges (P)</b></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><b>Performed with Some Challenges (S)</b></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><b>Performed with Major Challenges (M)</b></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><b>Unable to be Performed (U)</b></p>	<p>The targets and critical tasks associated with the core capability were not performed in a manner that achieved the objective(s).</p>