

FACILITY AFTER-ACTION REPORT / IMPROVEMENT PLAN

Facility Name	_____
Exercise Name	2021 Commercial Power Loss, Internal Flood, Facility Evacuation and Recovery Tabletop Exercise
Exercise Date	<input type="checkbox"/> Tuesday, June 22, 2021, 1:30 PM <input type="checkbox"/> Wednesday, June 23, 2021, 1:30 PM <input type="checkbox"/> Thursday, June 24, 2021, 1:30 PM
Scope	<p>This Tabletop exercise took place as part of the 2021 Mutual Aid Plan Virtual Conference which included members of the Connecticut, Massachusetts (MassMAP), New York and Rhode Island Long Term Care Mutual Aid Plan (LTC-MAP). This exercise reinforces discussions and presentations on the CMS Emergency Preparedness Program requirements, including:</p> <ul style="list-style-type: none"> • Hazard Vulnerability Assessments (HVA) & Mitigation Plans • Plan Design and Implementation: <ul style="list-style-type: none"> ○ Emergency Preparedness Plan (EPP) ○ Incident Command System (ICS) ○ Communications Plan ○ Full Building Evacuation Plan ○ Individual Disaster Response Procedures ○ Recovery Plan & Continuity of Operations (COOP) • Training and Testing: Provide guidance on minimum requirements and effective Training and Testing Programs. <p>This tabletop exercise included a group discussion led by a facilitator, using a narrated, clinically relevant emergency escalating scenario. For each operational period, a scenario was presented, and the participants were tasked with applying their emergency procedures by answering prepared questions, designed to challenge their emergency response plans.</p>

Mission Area(s)	Response
<p>Healthcare Preparedness and Response Capabilities</p>	<p>The capabilities listed below, as identified in the 2017 – 2022 Health Care Preparedness and Response Capabilities, published in November 2016, provide the foundation for the development of the exercise objectives and scenario. The purpose of this exercise is to measure and validate the performance of the following capabilities and their associated critical tasks:</p> <p>Capability 1: Foundation for Health Care and Medical Readiness Objective 4: Train and Prepare the Health Care and Medical Workforce Activity 3: Plan and Conduct Coordinated Exercises with Health Care Coalitions Members and Other Response Organizations.</p> <p>Capability 2: Health Care and Medical Response Coordination Objective 3: Coordinate Response Strategy, Resources, and Communications. Activity 1: Identify and Coordinate Resource Needs during an Emergency</p> <p>Capability 3: Continuity of Health Care Service Delivery Objective 6: Plan for and Coordinate Health Care Evacuation and Relocation Activity 1: Develop and Implement Evacuation and Relocation Plans</p>
<p>Threat or Hazard</p>	<p>Extreme weather produces extended loss of commercial power, followed by an internal flood, forcing a full-building evacuation of residents to receiving facilities.</p>

Scenarios

Operational Period 1: Loss of Commercial Power

Scenario: Saturday at 2:30 pm. As a result of heavy rains and wind due to fast moving severe thunderstorms with microbursts, there is a loss of commercial power to your facility. There are numerous trees and power lines down in the area around your facility.

Operational Period 2: Internal Flood

Scenario: Saturday at 5:30 pm. There is a fire alarm activation indicating water flow on the 3rd Floor, North Wing. As staff respond, they find a heavy water condition in the hallway coming from the ceiling. Due to the fire alarm activation the local fire department responds and is able to stop the flow of water from the burst sprinkler system pipe. There are 24 residents on the affected unit.

Operational Period 3: Evacuation

Scenario: Saturday 6:45 pm. The water damage to the building is extensive. Through consultation with the fire department and health department, the decision is made to fully evacuate the facility.

Operational Period 4: Recovery

Scenario: It is now 6:30 am Sunday. Ninety-two (92) residents have been evacuated to 10 different receiving facilities, the press and some family members are onsite, and local emergency services are clearing the scene. Clinical staff have evacuated with the residents to the receiving facilities.

Sponsor

Connecticut, Massachusetts (MassMAP), New York and Rhode Island Long Term Care Mutual Aid Plans (LTC-MAPs). Funded by the Connecticut and Massachusetts Department of Public Health, New York Mutual Aid Plans and the Rhode Island Department of Health.

Participating Organizations

Participating Organizations	
Connecticut Long Term Care Mutual Aid Plan (LTC-MAP) Members	
Connecticut Department of Public Health – Facilities Licensing & Investigations Section (FLIS)	
Greater Rochester New York Mutual Aid Plan Members	
Healthcare Coalition of Rhode Island (HCRI)	
Jensen Hughes, Inc.	
Long Term Care Executive Council of Central New York MAP Members	
Massachusetts Long Term Care Mutual Aid Plan (MassMAP) Members	
Massachusetts Senior Care Association	

	Rhode Island Department of Health (RIDOH)
	Rhode Island Long Term Care Mutual Aid Plan (LTC-MAP) Members
	Southern Tier New York Mutual Aid Plan Members
	Western New York Mutual Aid Plan Members

Points of Contact	<p>James Garrow Senior Fire & Emergency Management Consultant james.garrow@jensenhughes.com Jensen Hughes, Inc. 31 Cooke Street Plainville, CT 06062 (860) 793-8600</p> <p>Andrew McGuire, CEM, EMT-P Lead Fire & Emergency Management Consultant andrew.mcguire@jensenhughes.com Jensen Hughes, Inc. 31 Cooke Street Plainville, CT 06062 (860) 793-8600</p>
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ANALYSIS OF CORE CAPABILITIES

The following section provides an overview of the performance related to each exercise operational period and provides an opportunity to highlight strengths and areas for improvement.

<u>Operational Period 1: Loss of Commercial Power</u>
Who would be the initial facility incident commander? What internal actions would you expect them to make?
What internal and external notifications would be made? What information would be exchanged?
How many hours of fuel do you have on hand for your generators?
<p>Does your generator, or battery back-up devices, provide alternate power for the following items? If not, what contingency plans do you have in place as part of your emergency operations plan (EOP)?</p> <ul style="list-style-type: none"> • Full lighting or select emergency lighting? • Red (emergency) outlets? • Fire detection and suppression systems? • Domestic water? Sewage & waste disposal? • Kitchen? • HVAC to protect resident health and safety and for the safe and sanitary storage of provisions, supplies, equipment, and PPE?

Strengths:	Areas of Improvement:
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Operational Period 2: Internal Flood

What actions would the facility Incident Commander take, including any internal and external notifications?

What areas of your building can accommodate an internal relocation of residents?

Assuming the elevator(s) to the 2nd Floor are inoperable, how would you effect a vertical relocation of residents from the 3rd Floor to the 2nd and 1st Floors?

Who is the facility Incident Commander now and where will your facility Command Center be established?
(Remember, it is Saturday evening at 5:30 PM)

What are the steps to activate the LTC-MAP in your state / region?

Strengths:	Areas of Improvement:
<p><u>Operational Period 3: Evacuation</u></p> <p>What are your expectations of the LTC-MAP to support your facility evacuation? What resources would you request from the LTC Coordinating Center / Regional Coordinating Center (RCC)?</p>	
<p>Where would you establish your internal holding area(s)? What staff and supplies do you need for your holding area(s)?</p>	
<p>What are the Nursing Home Incident Command System (NHICS) positions you would anticipate needing to assign at this point to manage this incident? Incident Command, Operations, Planning, Logistics, Finance, Liaison/Public Information Officer, Safety Officer, Safety, etc.</p>	

How would you determine which residents / units to evacuate first? How would you prioritize the evacuation? How do you prepare the residents for the evacuation? What needs to go with them?

Where do you get the information to give to EMS and the LTC Coordinating Center / RCC as to what transportation vehicles are needed? Where would vehicle staging be located? Who would manage the vehicle staging area? Is this part of your Full Building Evacuation Plan?

Communications:

How and who would notify resident's families and doctors?

How would you share medical records and resident information with resident accepting facilities?

How would you address the transfer of resident's medications?

Strengths:	Areas of Improvement:
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Operational Period 4: Recovery

Who will write and deliver messages to the media? Press release? Press briefing?

Who will follow up with families and the evacuated residents in the receiving facilities?

How are the financials handled between the Disaster Struck Facility (DSF) and the Resident Accepting Facilities (RAFs)?

What are your short-term recovery goals? (7-10 days), What are your long-term recovery goals? (>10 days)

How will you support the mental health impact of the event on your staff and residents?	
Strengths:	Areas of Improvement:

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:

Primary Areas for Improvement

Instructions to participant: At the end of the exercise, prioritize the top 3-5 issues identified as primary areas for improvement in your planning, procedures, and response, and develop an action plan for improvement:

The Primary Areas for Improvement identified during this exercise are as follows:	Action Plan for Improvement:	Responsible	Projected Completion Date"
<i>EXAMPLE: We determined that the overhead page was not heard in 100% of our building</i>	<ol style="list-style-type: none"> 1. Develop a plan to increase speaker capacity throughout the building. 2. Develop a contingency plan. 	Director of Maintenance	9/1/2021