

New York

Long Term Care Mutual Aid Plans (LTC-MAP)



September 2021 Full Scale Exercises: Regional Facility Evacuation & Resource / Asset Support

Exercise Plan (ExPlan)

LTC Executive Council MAP – September 14, 2021 (9:00am - 12:30pm)
Southern Tier MAP – September 15, 2021 (9:00am - 12:30pm)
Western NY MAP – September 16, 2021 (9:00am - 12:45pm)
Greater Rochester MAP – September 17, 2021 (9:00am-12:45pm)

DRAFT Date: July 6, 2021
Revision Date: September 7, 2021

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PREFACE

These Full-Scale Exercises are conducted for the New York Long Term Care Mutual Aid Plans (LTC-MAP) and was developed through a contract between the four NY Mutual Aid Plans and Jensen Hughes, Inc. (JH). JH is to produce the exercise materials, including this Exercise Plan (ExPlan), which follows guidance set forth in the U.S. Department of Homeland Security (DHS) Homeland Security Exercise and Evaluation Program (HSEEP).

This ExPlan gives officials, observers, media personnel, and players from participating organizations information they need to observe or participate in a long-term care facility evacuation exercise that focuses on participants' emergency response plans, policies, and procedures. The information in this document is current at the date of revised publication and is subject to change at any time at the discretion of the MAPs and/or JH.

These Full-Scale Exercises are one in a continued series of annual exercises that establishes a learning environment for players to exercise the scope of the Long-Term Care Mutual Aid Plan (LTC-MAP):

1. To place and support care of residents evacuated from a Disaster Struck Facility.
2. To provide supplies and equipment needed to support a Disaster Struck Facility.
3. To assist with transportation of evacuated residents.
4. To provide staffing support as needed to a Disaster Struck Facility and to Resident Accepting Facilities.

These annual Full-Scale Exercises, coupled with ongoing training and drills, provide continued readiness for LTC-MAP members and the LTC-MAP support structures (Regional Coordinating Centers, Regional Healthcare Coalitions, local and state responders, etc.).

The focus of this particular exercise is the evacuation of one Disaster Struck Facility (DSF) that will create an opportunity for all participating LTC-MAP members in the MAP to effectively practice and test their plans to be Resident Accepting Facilities (RAFs) and manage an influx of residents. A core focus of this exercise will also be having the Regional Coordinating Centers (RCCs) assist and coordinate appropriate resident placement from the DSF to the RAFs. An evacuation of this type is a complex event that requires detailed planning. To ensure an effective exercise, Subject Matter Experts (SMEs), long term care facilities (leadership and clinical representation), and local representatives will take part in exercise observation and evaluation.

This exercise is designed to comply with the September 8, 2016, CMS Conditions of Participation §483.75(d)(2)(i), which states that the LTC facility must conduct exercises to test the emergency plan at least annually, including unannounced staff drills using the emergency procedures. The LTC facility must participate in a community based full-scale exercise.

HANDLING INSTRUCTIONS

1. The title of this document is the 2021 New York LTC-MAP Regional Facility Evacuation and Resource / Asset Support Exercise Plan (ExPlan).
2. Information gathered in this ExPlan is designated as For Official Use Only (FOUO) and should be handled as sensitive information that is not to be disclosed. This document should be safeguarded, handled, transmitted, and stored in accordance with appropriate security directives. Reproduction of this document, in whole or in part, without prior approval from the individual Mutual Aid Plans and/or Jensen Hughes is prohibited.
3. At a minimum, the attached materials will be disseminated strictly on a need-to-know basis, and when unattended, will be stored in a locked container or area that offers sufficient protection against theft, compromise, inadvertent access, and unauthorized disclosure.
4. For questions or to request additional information about this exercise, please refer to the exercise points-of-contact list on the following pages.

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EXERCISE OVERVIEW

<p>Exercise Name</p>	<p>2021 New York LTC-MAP Regional Facility Evacuation & Resource / Asset Support Full Scale Exercises</p>
<p>Exercise Dates</p>	<p>LTC Executive Council MAP – September 14, 2021, 9:00am - 12:30pm Southern Tier MAP – September 15, 2021, 9:00am - 12:30pm Western NY MAP – September 16, 2021, 9:00am - 12:30pm Greater Rochester MAP – September 17, 2021, 9:00am - 12:30pm</p>
<p>Scope</p>	<p>These are Full Scale Exercises planned for the week of September 14, 2021, for all New York LTC-MAP Member Facilities. Exercise play is limited to the scope of this exercise.</p> <p>The emphasis of these exercises will be to implement the LTC-MAP and to provide practice, as well as opportunity to improve the plan, with a focus on the MAP Web-Based technology system, emergency reporting, resident evacuation, communications, and the ability of Resident Accepting Facilities (RAFTs) to manage an influx of residents. This includes the Regional Coordinating Centers operations to support the events.</p> <p>These exercises will begin with the necessary evacuation of one DSF. The DSF will be controlled by a JH team member to drive exercise play and provide manufactured information that suits the exercise needs (types, number of residents, etc.). The DSF will provide real-time information to the Regional Coordinating Center and the RAFTs, including clinical information and hand-off discussions, Master Evacuation Tracking Sheets (identifying what residents are evacuating where), and other information, as necessary. All plan members participating will therefore, act as RAFTs other than the one identified DSF. These members will be expected to communicate with the DSF and/or the RCC during the preparation, evacuation, and final relocation of the mock (paper) residents. RAFTs will receive via an e-mail message all the necessary information on the residents and when they arrive. All participating facilities will be expected to complete a Facility After Action Exercise Report and Improvement Plan documenting their participation.</p> <p>All participating plan members, in addition to being a DSF or RAFTs, will have the opportunity, through exercise-provided injects, to test their internal plans due to escalating situations affecting their facilities.</p>
<p>Mission Area(s)</p>	<p>Response</p>

<p>2017-2022 Health Care Preparedness and Response Capabilities with associated Objectives</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 development of the exercise objectives and scenario. The purpose of this exercise is to measure and validate performance of the following capabilities and their associated critical tasks:</p> <p>HCP&RC Capability 2: Health Care and Medical Response Coordination <u>Objective 2:</u> Utilize Information Sharing Procedures and Platforms <u>Objective 3:</u> Coordinate Response Strategy, Resources, and Communications</p> <p>HCP&RC Capability 3: Continuity of Health Care Service Delivery <u>Objective 6:</u> Plan for and Coordinate Health Care Evacuation and Relocation</p> <p>HCP&RC Capability 4: Medical Surge <u>Objective 2:</u> Respond to a Medical Surge</p>
<p>Threat or Hazard</p>	<p>Extreme weather emergency: Torrential rains and winds are being experienced in multiple communities resulting in downed trees, structural damage, loss of normal power, and unreliable generator power with some facilities.</p>
<p>Scenario</p>	<p>High winds and rain will impact Nursing Homes and Assisted Living Communities resulting in the evacuation of some facilities. The evacuation of one facility will take place in each MAP. “Mock Paper Residents” will be evacuated to other facilities due to internal flooding, building structural damage, unreliable generators, and loss of commercial street power.</p>
<p>Sponsor</p>	<p>New York Long Term Care Mutual Aid Plans (LTC-MAP); Greater Rochester MAP, LTC Executive Council MAP, Southern Tier MAP, Western NY MAP.</p>

Participating Organizations

Participating Organizations
Jensen Hughes, Inc.
Local Fire Departments, EMS, and Emergency Management Officials (associated with the DSFs & RAFs)
Greater Rochester MAP RCC: TBD
Greater Rochester MAP DSF: The Hurlbut, Rochester, NY
Greater Rochester MAP DSF: Brookdale Pittsford, Pittsford, NY
LTC Executive Council MAP RCC: Van Duyn Center, Syracuse, NY
LTC Executive Council MAP DSF: Crown Park, Cortland, NY
Southern Tier MAP RCC: Chemung County Nursing Facility, Elmira, NY
Southern Tier MAP DSF: TBD
Western NY MAP RCC: Beechwood Health Care Center, Getzville, NY
Wester NY MAP DSF: Absolut Care of Aurora Park, East Aurora, NY
Resident Accepting Facilities (identified in the After-Action Report)

Points of Contact

Greater Rochester Mutual Aid Plan (MAP) POC:
 Steve Woodruff, Steering Committee Co-Chair
 Deputy Director of Long-Term Care
 Livingston County
 (585) 243-7217
swoodruff@co.livingston.ny.us

LTC Executive Council Mutual Aid Plan (MAP) POC:
 Janet Dauley Altwarg, Director
 LTC Executive Council of CNY
 Syracuse, NY
 (315) 689-2170
djaltwarg@cs.com

Southern Tier Mutual Aid Plan (MAP) POC:
 Ed Linsler, Steering Committee Co-Chair, Administrator
 Elcor Nursing & Rehabilitation Center
 Horseheads, NY
 (607) 739-3654 x235
elinsler@elcor.us

Western NY Mutual Aid Plan (MAP) POC:
 Chris Cox, Steering Committee Co-Chair
 Elderwood Corporate
 Buffalo, NY
 (860) 398-1435
ccox@elderwood.com

Western NY Mutual Aid Plan (MAP) POC:

Melody Parker, Steering Committee Co-Chair, Administrator
Cloverhill Adult Residence
Albion, NY
(585) 589-7832
Cloverhill87@yahoo.com

Jensen Hughes POC (Exercise Support):

Andrew D. McGuire, CEM, EMT-P
Lead Fire & Emergency Management Consultant
Jensen Hughes
31 Cooke Street
Plainville, CT 06062
(860) 390-1949
andrew.mcguire@jensenhughes.com

GENERAL INFORMATION

Acronyms:

DSF:	Disaster Struck Facility
EMS:	Emergency Medical Services
HCP&RC:	Health Care Preparedness & Response Capabilities
RAF:	Resident Accepting Facility
RCC:	Regional Coordinating Center

Exercise Core Capabilities and Objectives

The following exercise objectives describe the expected outcomes for the exercise. The objectives are linked to core capabilities, which are distinct critical elements necessary to achieve the specific mission area(s). The objectives and aligned core capabilities are guided by elected and appointed officials and selected by the Exercise Planning Team.

Core Capability	Exercise Objective(s)
<p>HCP&RC Capability 2: Health Care and Medical Response Coordination</p> <p>Objective 2: Utilize Information Sharing Procedures and Platforms</p>	<p>Activity 3: Utilize Communications Systems and Platforms</p> <ul style="list-style-type: none"> • Ensure ongoing communication capability throughout the disaster (exercise) by employing redundant systems (e.g., landline telephone, cellular telephone, text, e-mail, fax, other 2-way communications, and the LTC-MAP website).
<p>HCP&RC Capability 2: Health Care and Medical Response Coordination</p> <p>Objective 3: Coordinate Response Strategy, Resources, and Communications</p>	<p>Activity 1: Identify and Coordinate Resource Needs during an Emergency</p> <ul style="list-style-type: none"> • Demonstrate the ability of the RCC to match evacuating residents with appropriate bed types at RAFs using the categories of care found within the LTC-MAP in a timely and effective manner. • RCC coordinates the requests of equipment from the DSFs and RAFs with the assistance of the Healthcare Coalitions, community partners and plan members. <p>Activity 2: Coordinate Incident Action Planning During an Emergency</p> <ul style="list-style-type: none"> • Demonstrate effective response and evacuation coordination by RCC, DSF and RAFs personnel through the use of an Incident Command System structure. • Utilize the Incident Action Planning (IAP)

Core Capability	Exercise Objective(s)
	<p>Quick Guide to develop an IAP for each facility's command center.</p> <p>Activity 4: Communicate with the Public during an Emergency</p> <ul style="list-style-type: none"> All plan members to develop and submit a press statement on their actions as it pertains to the exercise.
<p>HCP&RC Capability 3: Continuity of Health Care Service Delivery</p> <p>Objective 6: Plan for and Coordinate Health Care Evacuation and Relocation</p>	<p>Activity 1: Develop and Implement Evacuation and Relocation Plans</p> <ul style="list-style-type: none"> Ensure that 100% of LTC-MAP activated members provide Emergency Reporting within the timeline established. DSF prepares and coordinates the evacuation of their residents, using an Incident Command System structure, coordination with their local authorities and establishing an efficient holding / evacuation area. Communicate with RAFs as appropriate. <p>Activity 2: Develop and Implement Evacuation Transportation Plans</p> <ul style="list-style-type: none"> RCC coordinates transportation resources needed by the DSF based on the current transportation/evacuation survey of DSF residents.
<p>HCP&RC Capability 4: Medical Surge</p> <p>Objective 2: Respond to a Medical Surge</p>	<p>Activity 2: Implement Out-of-Hospital Medical Surge Response</p> <ul style="list-style-type: none"> Ensure that RAFs properly implement their influx of resident's plans, including establishing an influx /surge area, utilizing the plan tools to document the arrival and placement of evacuated residents.

Participant Roles and Responsibilities

The term *participant* encompasses many groups of people, not just those playing in the exercise. Groups of participants involved in the exercise, and their respective roles and responsibilities, are as follows:

- Players.** Players are personnel who have an active role in discussing or performing their regular roles and responsibilities during the exercise. Players discuss or initiate actions in response to the simulated emergency.

- **Controllers.** There will be 1 controller at the Regional Coordinating Center and 1 controller at the Disaster Struck Facility (DSF). Controller's plan and manage exercise play, set up and operate the exercise site, and act in the roles of organizations or individuals that are not playing in the exercise. Controllers direct the pace of the exercise, provide key data to players, and may prompt or initiate certain player actions to ensure exercise continuity. In addition, they issue exercise material to players as required, monitor the exercise timeline, and supervise the safety of all exercise participants.
- **Simulators.** Simulators are control staff personnel who role play nonparticipating organizations or individuals. Simulators function semi-independently under the supervision of the Regional Coordinating Center Controller, enacting roles (e.g., media reporters or next of kin) in accordance with instructions provided in the Master Scenario Events List (MSEL). All simulators are ultimately accountable to the Exercise Director and Senior Controller.
- **Evaluators.** Evaluator's critique and provide feedback on a designated Full-Scale area of the exercise. Evaluators observe and document performance against established capability targets and critical tasks, in accordance with the Exercise Evaluation Guides (EEGs).
- **Observers.** Observers visit or view selected segments of the exercise. Observers do not play in the exercise, nor do they perform any control or evaluation functions. Observers view the exercise from a designated observation area and must remain within the observation area during the exercise. Very Important Persons (VIPs) are also observers, but they frequently are grouped separately.
- **Media Personnel.** Some media personnel may be present as observers, pending approval by the sponsor organization and the Exercise Planning Team.
- **Support Staff.** The exercise support staff includes individuals who perform administrative and logistical support tasks during the exercise (e.g., registration, catering).

Exercise Assumptions and Artificialities

In any exercise, assumptions and artificialities may be necessary to complete play in the time allotted and/or account for logistical limitations. Exercise participants should accept that assumptions and artificialities are inherent in any exercise and should not allow these considerations to negatively impact their participation.

Assumptions

Assumptions constitute the implied factual foundation for the exercise and, as such, are assumed to be present before the exercise starts. The following assumptions apply to the exercise:

- The exercise is conducted in a no-fault learning environment wherein capabilities, plans, systems, and processes will be evaluated.
- Players are familiar with the LTC-MAP plans and internal facility procedures.
- Deployed resources will be existing and available.
- Exercise players include senior officials, who are empowered to either create a new, or modify an existing, facility and LTC-MAP policy and procedures, if necessary.
- The exercise scenario is plausible, and events occur as they are presented.
- There are no “hidden agendas” or trick questions.
- Exercise simulation contains sufficient detail to allow players to react to information and situations as they are presented, as if the simulated incident were real.
- Participating agencies may need to balance exercise play with real-world emergencies. Real-world emergencies take priority.

Artificialities

During this exercise, the following artificialities apply:

- Exercise communication and coordination is limited to participating exercise organizations and venues.
- Only communication methods listed in the Communications Plan below are available for players to use during the exercise.
- The simulation of time passing may be accelerated or delayed as appropriate by exercise controllers.
- The Regional Coordinating Center is stood up and staffed at the start of the exercise.

Inject Methodology

Situation Status Reports

Pre-exercise and day-of-exercise situation status reports establish the overall scenario for the region, the Disaster Struck Facility (DSF) for the exercise and moves the pace of play through the day of the exercise.

Exercise Injects

Disaster Struck Facilities Injects: Will be provided by the DSF Controller.

Resident Accepting Facility Injects: These will be provided by the onsite Controller if there is one, or via the Regional Coordinating Center Controller located at the RCC.

Regional Coordinating Center Injects: These will be provided by the onsite Controller and inject calls, as necessary.

All spoken and written communications will start and end with the statement “THIS IS A DRILL” OR “THIS IS AN EXERCISE”.

EXERCISE LOGISTICS

Safety

Exercise participant safety takes priority over exercise events. The following general requirements apply to the exercise:

- The Lead Controller is responsible for participant safety; any safety concerns must be immediately reported to the Lead Controller. The Lead Controller will determine if a real-world emergency warrants a pause in exercise play and when exercise play can be resumed.
- Real-world emergency actions take priority over exercise actions. **The safety phrase to communicate to all exercise participants that the exercise will be terminated due to a real-world emergency is “TERMINATE EXERCISE DUE TO REAL WORLD EMERGENCY.”**
- The following procedures should be used in case of a real emergency during the exercise:
 - Anyone who observes a participant who is seriously ill or injured will immediately notify emergency services and the closest controller, and within reason and training, render aid.
 - The controller aware of a real emergency will initiate the real-world emergency (“**TERMINATE EXERCISE DUE TO REAL WORLD EMERGENCY**”) broadcast and provide the Lead Controller with the location of the emergency and resources needed, if any.

Fire Safety

Standard fire and safety regulations relevant to the Disaster Struck Facilities, Regional Coordinating Centers and Resident Accepting Facilities will be followed during the exercise.

Emergency Medical Services

Standard EMS response will dictate, in the event of a real-world emergency.

Weapons Policy

All participants will follow the relevant weapons policy for all Disaster Struck Facilities, Regional Coordinating Centers and Resident Accepting Facilities.

Site Access

Security

If entry control is required for the exercise venue(s), the host organization is responsible for arranging appropriate security measures. To prevent interruption of the exercise, access to exercise sites is limited to exercise participants. Players should advise their venue’s controller or evaluator of any unauthorized persons.

Media / Observer Coordination

Organizations with media personnel and/or observers attending the exercise should coordinate with the host organization for access to the exercise site. Media / Observers are escorted to designated areas and accompanied by a host organization representative at all times. Host organization representatives and/or the exercise controller may be present to explain exercise conduct and answer questions. Exercise participants should be advised of media and/or observer presence.

Exercise Identification

Exercise staff will be identified by name badges (Controllers, Evaluators, Observers and Actors) to clearly display exercise roles.

POST-EXERCISE AND EVALUATION ACTIVITIES

Debriefings

Post-exercise debriefings aim to collect sufficient relevant data to support effective evaluation and improvement planning.

Hot Wash

At the conclusion of exercise play, controllers facilitate a Hot Wash to allow players to discuss strengths and areas for improvement, and evaluators to seek clarification regarding player actions and decision-making processes. All participants may attend; however, observers are not encouraged to attend the meeting. The Hot Wash should not exceed 60 minutes.

Controller and Evaluator Debriefing

Controllers and evaluators attend a facilitated C/E Debriefing immediately following the exercise. During this debriefing, controllers and evaluators provide an overview of their observed Full-Scale areas and discuss strengths and areas for improvement.

Facility After Exercise Report

All facilities are to complete a Facility After Exercise Report and Improvement Plan. This Facility After Exercise Report will be used to document the exercise for your regulatory authority. The Facility After Exercise Report should be completed within one week after the exercise. This report is located at www.mutualaidplan.org/ny.

Evaluation

Exercise Evaluation Guides (EEG)

EEGs will be provided to assist evaluators in collecting relevant exercise observations. EEGs document exercise objectives and aligned core capabilities, capability targets, and critical tasks. Each EEG provides evaluators with information on what they should expect to see demonstrated in their Full-Scale area. The EEGs, coupled with Hot Wash notes, are used to evaluate the exercise, and compile the After-Action Report (AAR).

After Action Report

The AAR summarizes key information related to evaluation. The AAR primarily focuses on the analysis of core capabilities, including capability performance, strengths, and areas for improvement. AARs also include basic exercise information, including the exercise name, type of exercise, dates, location, participating organizations, mission area(s), specific threat or hazard, a brief scenario description, and the name of the exercise sponsor and POC. The AAR will be completed by Jensen Hughes, Inc.

Improvement Planning

Improvement planning is the process by which the observations recorded in the AAR are resolved through development of concrete corrective actions, which are prioritized and tracked as a part of a continuous corrective action program.

Improvement Plan

The improvement process represents the comprehensive, continuing preparedness effort of the LTC-MAP. Lessons learned and recommendations from the AAR will be incorporated into an Improvement Plan (IP). The IP identifies how recommendations will be addressed, including what actions will be taken, who is responsible, and the timeline for completion. The IP will be completed by Jensen Hughes, Inc.

PARTICIPANT INFORMATION AND GUIDANCE

Exercise Rules

The following general rules govern exercise play:

- Real-world emergency actions take priority over exercise actions.
- Exercise players will comply with real-world emergency procedures, unless otherwise directed by the control staff.
- All communications (including written, radio, telephone, fax, and e-mail) during the exercise will begin and end with the statement **“This is a Drill” or “This is an Exercise”**.

Player Instructions

Before the Exercise (Complete by September 13, 2021)

1. Review appropriate emergency plans, the contents of your LTC-MAP binder, and exercise support documents.
2. Go to the LTC-MAP website, www.mutualaidplan.org/ny, and log into your facility. Review the following tabs and be sure they are up to date: *(If you are unable to login, click the “Contact Us” button and request assistance)*.
 - Facility Information, specifically:
 - Facility phone and fax numbers
 - Generator information
 - Contact information for: *(At a minimum)*
 - Email address, office and cell phone numbers for the Administrator/Executive Director, Director of Nursing, and Director of Maintenance.
 - LTC Beds:
 - Update your Categories of Care by clicking on the types of care you are capable of providing at your facility and information about the number of residents in dementia-secured units *(if applicable)*.
 - Evacuation Sites:
 - List your top 10 evacuation sites.
 - Vendors:
 - Update all your vendors, as needed. At a minimum, you should have your critical vendors listed: generator repair, generator fuel, food, medical supply, and bed vendors.

During the Exercise

Respond to exercise events and information as if the emergency were real, unless otherwise directed by an exercise controller.

Controllers will give you only information they are specifically directed to disseminate. You are expected to obtain other necessary information through existing emergency information channels.

Do not engage in personal conversations with controllers, evaluators, observers, or media personnel. If you are asked an exercise-related question, give a short, concise answer. If you are busy and cannot immediately respond, indicate that, but report back with an answer as soon as possible.

If you do not understand the scope of the exercise, or if you are uncertain about an organizations or agency's participation in an exercise, ask a controller.

Parts of the scenario may seem implausible. Recognize that the exercise has objectives to satisfy and may require incorporation of unrealistic aspects. Every effort has been made by the exercise's trusted agents to balance realism with safety and to create an effective learning and evaluation environment.

All exercise communications will begin and end with the statement "This is a Drill" or "This is an Exercise". This precaution is taken so that anyone who overhears the conversation will not mistake exercise play for a real-world emergency.

Speak when you take an action. This procedure will ensure that evaluators are aware of critical actions as they occur.

Maintain a log of your activities. Many times, this log may include documentation of activities that were missed by a controller or evaluator.

After the Exercise

Participate in the Hot Wash Conference Call with controllers and evaluators, as appropriate. Controllers and evaluators will have a separate Hot Wash for the overall events.

Provide any notes or materials generated from the exercise to a controller or evaluator for review and inclusion in the AAR.

All participants are to complete a Facility After Exercise Report to document the exercise for your regulatory authority. This report is located at www.mutualaidplan.org/ny.

APPENDIX A: EXERCISE SCHEDULE

Exercise Day

08:00-8:30	RCC: RPA Controller and Steering Committee Members arrive to setup RCC and review exercise materials.
08:30	DSF: RPA Controller arrives to setup and review exercise materials.
08:55	DSF: Command Center activated.
09:00	STARTEX: Exercise commences via phone call from DSF to the RCC.
09:05	RCC: Emergency Reporting System activated. <u>All plan member facilities complete Emergency Reporting by 9:30 AM.</u> DSF: Complete emergency reporting at www.mutualaidplan.org/ny noting severe operational issues forcing them to evacuate. DSF completes transportation/evacuation survey along with resident census and communicates information to the RCC. RAFs: Establish their Command Centers and complete emergency reporting at www.mutualaidplan.org/ny .
09:30	MAP Exercise Conference Call: All plan members join call for a Situational Awareness Briefing. (via Microsoft Teams)
09:45	RCC: Determine appropriate RAFs open beds and transportation for the DSF residents from emergency reporting data. RCC Communicates information to the DSF. DSF: Establish Holding Area (simulated) and begin movement of simulated residents to Holding Area for evacuation. RAFs: Establish Triage/Intake Area and prepare to receive evacuated residents from the DSF.
10:00	RAFs receive Evacuating Residents: All RAFs will receive a Notification email (also available on the MAP website) with mock resident names and forms as follows: <ul style="list-style-type: none">• Completed Resident Emergency Evacuation Tags• Completed Resident / Medical Record / Equipment Tracking Sheet <u>Upon receiving this e-mail, all RAFs are to perform the following:</u> <ul style="list-style-type: none">• Process these simulated arriving residents through triage / intake area.<ul style="list-style-type: none">○ Complete an Influx of Residents Form.• Contact the RCC when they “receive” residents.• Establish a Surge Area in the facility, assuming you will receive more residents beyond immediately available open beds. DSF: Complete a Resident Emergency Evacuation Tag for each mock resident being evacuated. Determine resident evacuation groups for RAFs based on information provided by the RCC from emergency reporting.
10:30	RAFs may receive additional Evacuating Residents: RCC and/or the DSF may contact RAFs to transfer MORE Evacuating Residents. <ul style="list-style-type: none">• RAFs may start receiving calls from the DSF requesting assistance with additional resident placement.

- Clinical handoffs will commence with the identified RAFs.
 - Identified RAFs will receive the following from the DSF:
 - Completed Resident Emergency Evacuation Tags
 - Completed Resident / Medical Record / Equipment Tracking Sheet
 - Process these simulated arriving residents through triage / intake area.
 - Complete an Influx of Residents Form.
 - RAFs should contact the RCC when they “receive” these residents.
- 11:00 **RAFTs:** The RAF should have completed the following to support the influx of all mock residents received during the first and/or second waves:
- Clinician discussions with the DSF (clinical handoffs)
 - “Closing the Loop” – Confirming receipt of the simulated residents via the REGIONAL COORDINATING CENTER (RCC).
 - Conducting staff call backs.
 - Contacting vendors for supplies and equipment as needed.
- INJECT:** All participating facilities receive an exercise inject via a constant contact e-mail message (also available on the MAP website). RAFs and DSF should review and prepare an answer to the exercise inject as instructed in the inject description.
- 11:30 **ENDEX:** Exercise concludes via a MAP Notification Message.
- 11:45 All exercise participants are requested to join the Hot Wash Conference Call with their internal team. (via Microsoft Teams)
- 12:30 Exercise concludes.

APPENDIX B: EXERCISE SCENARIO

Situation / Status Report 1: (24 Hours Pre-exercise)

THIS IS A DRILL.

SPECIAL WEATHER STATEMENT FROM THE NATIONAL WEATHER SERVICE...

THE NATIONAL WEATHER SERVICE IS PREDICTING SEVERE WEATHER ACROSS NEW YORK FOR THE NEXT FIVE DAYS. THERE IS THE POTENTIAL FOR TORNADOS, SEVERE THUNDERSTORMS, HAIL, HIGH WINDS, HEAVY RAIN AND LOCALIZED FLOODING IN THE NEXT 24 TO 48 HOURS.

THIS IS A DRILL

Day of Exercise: 8:40 AM

THIS IS A DRILL.

NATIONAL WEATHER SERVICE IS ISSUING A HIGH WIND WARNING FOR CENTRAL AND WESTERN NEW YORK...

...NATIONAL WEATHER SERVICE METEOROLOGISTS HAVE DETECTED STRAIGHT LINE WINDS OF 70-80 MPH IN THE STATE. PLEASE TAKE COVER IMMEDIATELY.

THIS IS A DRILL.

Day of Exercise: 9:00 AM

THIS IS A DRILL.

Reports are coming in, that Healthcare Facilities have suffered structural damage and loss of commercial power. Mutual Aid Plan members are affected and have activated their Internal Command Centers.

A facility will be evacuating their residents to other Healthcare facilities within the region due to the storm impacts and the inability to power their buildings. The call to activate the LTC-MAP is being made.

THIS IS A DRILL.

APPENDIX C: EXERCISE PREPARATION LOGISTICS

REQUIRED DRILL PARTICIPANTS:

Controllers:

- a. Lead – Regional Coordinating Center Controller: Jensen Hughes
- b. DSF Controller:
 - a. Greater Rochester MAP – 1 Controller: Jensen Hughes
 - b. LTC Executive Council MAP – 1 Controller: Jensen Hughes
 - c. Southern Tier MAP – 1 Controller: Jensen Hughes
 - d. Western NY MAP – 1 Controller: Jensen Hughes

Evaluators:

- a. Regional Coordinating Center Evaluator: TBD
- b. DSF Command Center Evaluator(s): TBD (To be assigned by DSF)
- c. Resident Accepting Facilities Evaluator(s): TBD (To be assigned by RAF)

LTC Coordinating Center Staff:

- a. Minimum 6 Steering Committee Members per MAP

DSF Staff:

- a. Command Center: 3-5 staff
- b. Holding Area: 3 staff
- c. Clinicians to assist with calls to RAFs: 1-2 staff
- d. Mock Residents: designated staff, volunteers, or facility residents to act as “DSF Mock Residents” and go through the evacuation process at the DSF. Ideally 5-10 mock residents that can go through the process to simulate an evacuation of residents from the DSF out of the Holding Area.

RAF Staff:

- a. Command Center: 3-5 staff
- b. Triage/Intake Area: 2 staff
- c. Clinicians to assist with calls from DSF: 1 staff
- d. Mock Residents: designated staff, volunteers, or facility residents to act as “DSF Mock Residents” and go through the influx process at the RAF. Ideally 5-10 mock residents that can go through the process several times to simulate a surge of residents coming into the RAF.

APPENDIX D: COMMUNICATIONS PLAN

Exercise Start, Suspension, and Termination Instructions

Normal internal alert processes will be used to announce the start of the exercise and exercise suspension or termination.

All spoken and written communications will start and end with the statement “THIS IS A DRILL” OR “THIS IS AN EXERCISE”.

Player Communications

Exercise communications do not interfere with real-world emergency communications. Players use routine organization communications systems. Additional communication assets may be made available as the exercise progresses. Each venue or organization coordinates its internal communication networks and channels.

Controller Communications

The principal methods of information transfer for controllers during the exercise are landline or cellular telephone, text and Zello direct connect. The controller communications network allows the Lead Controller to make and announce universal changes in exercise documentation, such as changes to the Master Scenario Events List (MSEL).

The primary means of communication among the controllers and players is landline or cellular telephone and fax. A list of key telephone and fax numbers will be available before the exercise starts.

Communications Check

Before the exercise, the controllers will conduct a communications check with all interfacing communications nodes to ensure redundancy and uninterrupted flow of control information.

Player Briefing

Controllers may be required to provide scenario details to participants to begin exercise play. Technical handouts or other materials also may be provided to orient players with the exercise.

Public Affairs

The host organization and participating organizations are responsible for coordinating and disseminating public information before the exercise. Each venue should follow internal policy and procedures. If requested, the RCC can assist with media inquiries and statements.