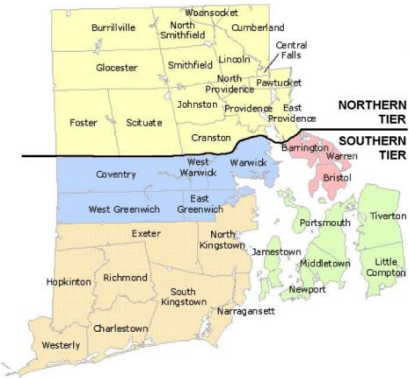


# Rhode Island Long Term Care Mutual Aid Plan (LTC-MAP)



## 2022 Full-Scale Exercises

### Exercise Plan (ExPlan)

**Northern Region – September 20, 2022 (9:00am – 12:30pm)**  
**Southern Region – September 21, 2022 (9:00am – 12:30pm)**

DRAFT Date: August 16, 2022  
Revision Date: August 22, 2022  
Final Version Date: September 12, 2022

Prepared by:



**JENSEN HUGHES**

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## PREFACE

These full-scale exercises have been designed for the Rhode Island Long Term Care Mutual Aid Plan (LTC-MAP), a subgroup of the Healthcare Coalition of Rhode Island (HCRI), and were developed through a contract between Rhode Island Department of Health (RIDOH) Jensen Hughes. Jensen Hughes has produced the materials for the exercise, 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 exercise participants the necessary information to ensure both that the exercise is appropriately conducted, and that exercise play aligns with established policies and expectations. The information in this document is current as of the date of publication and is subject to change at any time at the discretion of RIDOH and Jensen Hughes.

These exercises focus on each member of the LTC-MAP being a simulated Disaster Struck Facility (DSF). Each LTC-MAP region (North and South) will exercise on their assigned date, providing an opportunity for all participating LTC-MAP members to practice and test their internal emergency operations plans, along with components of the LTC-MAP. As an element of this, Jensen Hughes, HCRI leadership and RIDOH will conduct several onsite visits to LTC-MAP members to ensure all components of the exercise are being fulfilled, as well as to identify best practices and areas of improvement in the LTC-MAP system and members' internal responses.

These exercises will help nursing homes and assisted living communities comply with the Centers for Medicare and Medicaid Services (CMS) Conditions of Participation §483.75(m)(2), which require facilities to conduct periodic reviews of their disaster procedures and CMS Conditions of Participation §483.73 (d) (2) (i), which states the LTC facility must participate in a full-scale exercise that is community-based or when a community-based exercise is not accessible, an individual, facility-based exercise. Conducting and evaluating training, exercises, and real-world events is also a requirement of the Hospital Preparedness Program (HPP), as outlined in the following Health Care Preparedness and Response Capabilities:

### **Capability 1: Foundation for Health Care and Medical Readiness**

Objective 4, Activity 1: Promote Role-Appropriate National Incident Management System Implementation.

Objective 4, Activity 2: Educate and Train on Identified Preparedness and Response Gaps.

Objective 4, Activity 3: Plan and Conduct Coordinated Exercises with Health Care Coalition Members and Other Response Organizations.

Objective 4, Activity 4: Align Exercises with Federal Standards and Facility Regulatory and Accreditation Requirements.

Objective 4, Activity 5: Evaluate Exercises and Responses to Emergencies.

Objective 4, Activity 6: Share Leading Practices and Lessons Learned.

Conducting and evaluating training and exercises also supports the following as part of the CDC's Public Health Preparedness Capabilities:

**Capability 1: Community Preparedness**

Function 4: Coordinate training or guidance to ensure community engagement in preparedness efforts.

## HANDLING INSTRUCTIONS

1. The title of this document is the 2022 Rhode Island Long-Term Care Mutual Aid Plan Full-Scale Exercises 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 RIDOH and 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

### Exercise Name

**Rhode Island Long Term Care Mutual Aid Plan (LTC-MAP) 2022 Full-Scale Exercises**

### Exercise Dates

Northern Region: Tuesday, September 20, 2022, 9:00am-12:30pm  
Southern Region: Wednesday, September 21, 2022, 9:00am-12:30pm

In this year's exercises, all Rhode Island Long Term Care Mutual Aid Plan (LTC-MAP) members will participate as Disaster Struck Facilities that have been impacted by a natural disaster. Resident Accepting Facilities will be stimulated by the exercise controllers. This will allow members the opportunity to test not only elements of the LTC-MAP, but also their internal emergency plans. Components of the LTC-MAP and internal plans that will be tested include:

- Activation of facility incident command centers.
- Reporting operational status via the web-based emergency reporting system.
- Development of a facility Incident Action Plan (IAP).
- Completion of *Transportation Evacuation Surveys*.
- Activation and setup of internal holding areas.
- Matching residents to available Resident Accepting Facility (RAF) beds.
- Submission of the *Resident / Medical Record / Staff / Equipment Tracking Sheet* to the email address that will be provided.
- Activation of the RIDOH Tier 2 Team at the Department Operations Center (DOC) to support multiple evacuations.

While evacuation of the Disaster Struck Facilities (DSFs) will be notional, all members will receive a request to complete their Transportation Evacuation Survey (see instructions on how to complete this action by visiting [www.mutualaidplan.org/ri](http://www.mutualaidplan.org/ri) using real information from their current census. Members will also be asked to simulate the evacuation of units or floors using at least five staff members or other volunteers as mock residents. DSF leadership and staff should use this opportunity to test internal evacuation plans and equipment.

LTC-MAP members will be asked to submit completed Resident / Medical Record / Staff / Equipment tracking sheets, Incident Command System charts with points of contact identified for each ICS position



activated, facility / community current day resident censuses, Transportation Evacuation Surveys, and pictures taken of the exercise. LTC-MAP members will select RAFs from the supplied list of mock RAFs to which to send their evacuating residents.

In order to support this year’s approach, the RIDOH’s Department Operations Center (DOC) will be staffed by the RIDOH Tier 2 response team. RIDOH-CEPR leadership, HCRI personnel and Jensen Hughes consultants, will visit several facilities during the exercise to observe their internal responses and identify best practices and potential areas for improvement. To be compliant with this year’s full-scale exercise, all requested documents must be sent to Jensen Hughes via e-mail to [photos@mutualaidplan.org](mailto:photos@mutualaidplan.org) within the requested time frame. Instructions on how to submit required documents will be provided the day of each exercise.

**Please note:** Each LTC-MAP member should take three to four photos throughout the exercise to document their activities. Photos can include Command Center layout, community partners onsite, movement of mock residents to holding area, holding area staff/setup, etc.

All participating plan members will be expected to complete a Facility After Action Report and Improvement Plan documenting their participation in the exercise and opportunities for plan improvements.

**Mission Area(s)**

Response

**Health Care Preparedness and Response Capabilities and Public Health Preparedness Capabilities with Associated Objectives or Functions**

The capabilities listed below, as identified in the Public Health Preparedness (PHP) Capabilities issued by the Centers for Disease Control and Prevention (CDC) in 2011, as well as the Health Care Preparedness and Response (HCPR) Capabilities, National Guidance for Healthcare System Preparedness, 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:

**HCPR Capability 2: Health Care and Medical Response Coordination.**  
Objective 2, Activity 3: Utilize Communications Systems and Platforms.  
Objective 3, Activity 1: Identify and Coordinate Resource Needs during an Emergency.  
Objective 3, Activity 2: Coordinate Incident Action Planning During an Emergency.  
Objective 3, Activity 3: Communicate with Health Care Providers, Non-Clinical Staff, Patients (Residents), and Visitors during an Emergency.



	<p><b>H CPR Capability 3:</b> Continuity of Health Care Services Delivery  <u>Objective 3, Activity 2:</u> Assess and Address Equipment, Supply, and Pharmaceutical Requirements  <u>Objective 6, Activity 1:</u> Develop and Implement Evacuation and Relocation Plans  <u>Objective 6, Activity 2:</u> Develop and Implement Evacuation Transportation Plans</p> <p><b>H CPR Capability 4:</b> Medical Surge  <u>Objective 2, Activity 2:</u> Implement Out-of-Hospital Medical Surge</p> <p><b>PHP Capability 3: Emergency Operations Coordination</b>  <u>Function 2:</u> Activate public health emergency operations</p> <p><b>PHP Capability 6:</b> Information Sharing  <u>Function 3:</u> Exchange information to determine a common operating picture.</p>				
<p><b>Threat or Hazard</b></p>	<p>Tropical Storm / Hurricane</p>				
<p><b>Scenario</b></p>	<p>A tropical storm / hurricane has caused flooding, power outages, and structural damage to all nursing homes and assisted living communities in the affected region. With the threat of another tropical storm coming up the coast in the next 48-72 hours, all RI LTC-MAP members are forced to evacuate their facilities and communities.</p>				
<p><b>Sponsor</b></p>	<p><b>Rhode Island Long Term Care Mutual Aid Plan (LTC-MAP)</b>          Funded by: Rhode Island Department of Health (RIDOH) through the Public Health Emergency Preparedness Cooperative Agreement provided by the Centers for Disease Control and Prevention, the Hospital Preparedness Program Cooperative Agreement through the Assistant Secretary for Preparedness and Response, and CMS Civil Monetary Penalty Funds provided through the RI Executive Office of Health and Human Services.</p>				
<p><b>Participating Organizations</b></p>	<table border="1"> <tr> <td data-bbox="457 1587 1404 1671">All long-term care facilities and assisted living communities in Rhode Island</td> </tr> <tr> <td data-bbox="457 1671 1404 1713">LeadingAge Rhode Island (LARI)</td> </tr> <tr> <td data-bbox="457 1713 1404 1797">Local fire departments, EMS, and emergency management officials</td> </tr> <tr> <td data-bbox="457 1797 1404 1911">The Healthcare Coalition of Rhode Island (co-chaired by the Rhode Island Department of Health [RIDOH] and the Hospital Association of Rhode Island [HARI])</td> </tr> </table>	All long-term care facilities and assisted living communities in Rhode Island	LeadingAge Rhode Island (LARI)	Local fire departments, EMS, and emergency management officials	The Healthcare Coalition of Rhode Island (co-chaired by the Rhode Island Department of Health [RIDOH] and the Hospital Association of Rhode Island [HARI])
All long-term care facilities and assisted living communities in Rhode Island					
LeadingAge Rhode Island (LARI)					
Local fire departments, EMS, and emergency management officials					
The Healthcare Coalition of Rhode Island (co-chaired by the Rhode Island Department of Health [RIDOH] and the Hospital Association of Rhode Island [HARI])					



Rhode Island Assisted Living Association (RIALA)
Rhode Island Health Care Association (RIHCA)
Rhode Island Long-Term Care Ombudsman
Jensen Hughes



**Points of  
Contact**

**Rhode Island Department of Health - Center for Emergency Preparedness and Response (CEPR) POC:**

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## GENERAL INFORMATION

### Exercise Objectives and Associated Capabilities

The following exercise objectives describe the expected outcomes for the exercise. The objectives are linked to HCPR and PHP Capabilities (p.2).

Core Capability	Exercise Objectives
<p><b>HCPR Capability 2:</b> Health Care and Medical Response Coordination.</p> <p><b>Objective 2:</b> Utilize Information Sharing Procedures and Platforms.</p> <ul style="list-style-type: none"> <li><b>Activity 3:</b> Utilize Communications Systems and Platforms.</li> </ul>	<ul style="list-style-type: none"> <li>Ensure ongoing communication capability throughout the exercise by employing redundant systems (e.g., landline telephone, cellular telephone, text, e-mail, fax, other 2-way communications, and the LTC-MAP website).</li> <li>Ensure that 100% of activated LTC-MAP members complete Emergency Reporting within the established timeframe (within 30 minutes and by the end of the exercise).</li> <li>Ensure that LTC-MAP members provide ongoing information and situational reports via the online emergency reporting system as their internal situations escalate.</li> </ul>
<p><b>HCPR Capability 2:</b> Health Care and Medical Response Coordination</p> <p><b>Objective 3:</b> Coordinate Response Strategy, Resources, and Communications</p> <ul style="list-style-type: none"> <li><b>Activity 1:</b> Identify and Coordinate Resource Needs during an Emergency</li> <li><b>Activity 2:</b> Coordinate Incident Action Planning During an Emergency</li> <li><b>Activity 3:</b> Communicate with Health Care Providers, Non-Clinical Staff, Patients (Residents), and Visitors during an Emergency.</li> </ul>	<ul style="list-style-type: none"> <li>Department Operations Center to identify and coordinate beds, transportation, and other resources as requested by Disaster Struck Facilities (DSFs).</li> <li>All DSFs to document an Incident Action Plan (IAP) using the NHICS IAP Quick Guide in their Command Center.</li> <li>Demonstrate the ability to fill resource gaps through members' vendor support process and sharing of resources.</li> <li>DSFs to conduct a staff recall utilizing their internal communications plan (electronic notification system, phone tree, call down lists, etc.).</li> </ul>

<p><b>HCPR Capability 3:</b> Continuity of Health Care Service Delivery.</p> <p><b>Objective 6:</b> Plan for and Coordinate Health Care Evacuation and Relocation.</p> <ul style="list-style-type: none"> <li>• <b>Activity 1:</b> Develop and Implement Evacuation and Relocation Plans.</li> </ul>	<ul style="list-style-type: none"> <li>• Demonstrate effective response and evacuation coordination by DSF personnel by use of the Nursing Home Incident Command System (NHICS) and community partner involvement.</li> <li>• Demonstrate the ability to match categories of care of the DSFs mock residents to the provided RAFs.</li> </ul>
<p><b>HCPR Capability 4:</b> Medical Surge.</p> <p><b>Objective 2:</b> Respond to a Medical Surge.</p> <ul style="list-style-type: none"> <li>• <b>Activity 2:</b> Implement Out-of-Hospital Medical Surge.</li> </ul>	<ul style="list-style-type: none"> <li>• Evacuating DSFs arrange for the transfer of staff, supplies and equipment, as needed, for the continuity of care of their residents at the receiving facilities.</li> <li>• DSFs utilize the “Resident / Medical Record / Staff / Equipment Tracking Sheet” to account for the movement of all evacuating residents, staff, supplies and equipment. Completed “Tracking Sheets” are sent to the Department Operations Center or SimCell for accountability.</li> </ul>
<p><b>HCPR Capability 3:</b> Continuity of Health Care Service Delivery.</p> <p><b>Objective 6:</b> Plan for and Coordinate Health Care Evacuation and Relocation.</p> <ul style="list-style-type: none"> <li>• <b>Activity 2:</b> Develop and Implement Evacuation Transportation Plans.</li> </ul>	<ul style="list-style-type: none"> <li>• Determine the transportation needs of the full census of each DSF by completing a <i>Transportation Evacuation Survey</i> during the exercise and uploading the data to the LTC-MAP website in the Transportation tab for each DSF.</li> <li>• Update the Categories of Care provided by each DSF before the exercise.</li> <li>• Activate and set up internal holding areas to prepare residents for evacuation from the facilities.</li> <li>• Demonstrate the ability to track residents by properly completing required documents (<i>Resident / Medical Record / Staff / Equipment Tracking Sheets</i>).</li> </ul>
<p><b>PHP Capability 3: Emergency Operations Coordination</b></p> <p><b>Function 2:</b> Activate public health emergency operations.</p>	<ul style="list-style-type: none"> <li>• RIDOH Leadership and Jensen Hughes activates the Rhode Island Long Term Care Mutual Aid Plan (LTC-MAP) via the LTC-MAP website emergency reporting system and the Everbridge electronic notification system.</li> </ul>

<p><b>PHP Capability 6:</b> Information Sharing <b>Function 3:</b> Exchange information to determine a common operating picture.</p>	<ul style="list-style-type: none"> <li>• Ensure that 100% of activated LTC-MAP members complete Emergency Reporting within the established timeframe (within 30 minutes and by the end of the exercise).</li> <li>• Ensure that LTC-MAP members provide ongoing information and situational reports via the online emergency reporting system as their internal situations escalate.</li> </ul>
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## 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.** 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 non-participating organizations or individuals. Simulators function semi-independently under the supervision of the Lead Controller, enacting roles (e.g., media reporters or next of kin) per instructions provided in the Master Scenario Events List (MSEL). All simulators are ultimately accountable to the Lead Controller.
- **Evaluators.** Evaluator’s critique and provide feedback on a designated functional area of the exercise. Evaluators observe and document performance against established capability targets and critical tasks, per the Exercise Evaluation Guides (EEGs). Please note, Evaluators from this year’s Full-Scale Exercise should be Community Partners, Corporate Office Leadership, volunteers, etc., and not be filling the role as Players simultaneously.
- **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 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.
- The exercise is conducted in a no-fault learning environment wherein capabilities, plans, systems, and processes will be evaluated.
- Players are familiar with RI LTC-MAP plans and internal facility procedures.
- Exercise players include senior officials, who are empowered to either create a new or modify an existing, facility and RI LTC-MAP policy and procedures, if necessary.
- 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 are limited to participating exercise organizations, venues, and any Simulation Cell (SimCell).
- Only communication methods listed in the Communications Plan below (Appendix D) 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 Department Operations Center (DOC) is activated and staffed at the start of the exercise.
- All participating facilities and communities in the exercising region are disaster struck simultaneously and thus are exercising as Disaster Struck Facilities (DSFs) and simulating they are evacuating.

## Inject Methodology

### Situation Status Reports

Day-of-exercise situation status reports establish the overall scenario for the region, the Disaster Struck Facilities (DSFs) for the exercise and move the pace of play through the day of the exercise.

### Exercise Injects

**Disaster Struck Facilities Injects:** Will be provided by email messages.

## EXERCISE LOGISTICS

### Safety

Exercise participant safety takes priority over exercise play. 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 render aid.
  - Inform the lead controller (at the Department Operations Center) of a real emergency and if warranted, will initiate the real-world emergency (“**TERMINATE EXERCISE DUE TO REAL WORLD EMERGENCY**”) broadcast to all plan members.

### Fire Safety

Standard fire and safety regulations relevant to the Disaster Struck Facilities and the Department Operations Center 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 and the Department Operations Center.

### 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.

Any media inquiries should be directed to the Lead Controller, Andy McGuire, Lead Fire & Emergency Management Consultant, Jensen Hughes, 31 Cooke Street Plainville, CT 06062, (860) 390-1949, [andrew.mcguire@jensenhughes.com](mailto:andrew.mcguire@jensenhughes.com).

## Exercise Identification

Exercise staff will be identified by name badges (Controllers, Evaluators, Observers) to 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

After 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 required to attend the meeting. The Hot Wash will not exceed 45 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 Exercise areas and discuss strengths and areas for improvement.

### Facility After Exercise Report & Improvement Plan

All facilities are to complete a *Facility After Action Report & Improvement Plan*. This *Facility After Action Report & Improvement Plan* will be used to document the exercise for your regulatory authority. These documents should be completed within one week of the exercise. This report is located at [www.mutualaidplan.org/ri](http://www.mutualaidplan.org/ri) under “2022 Exercise Documents.” Each participating facility should retain their *Facility After Action Report and Improvement Plan* for documentation of their participation in the exercise. **Neither the Rhode Island Department of Health (RIDOH) nor Jensen Hughes will retain copies of individual *Facility After Action Reports or Improvement Plans*.**

### Evaluation

#### Exercise Evaluation Guides (EEG)

EEGs will be provided (On the LTC-MAP website) 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 Exercise area. The EEGs, coupled with Hot Wash notes, are used to evaluate the exercise, and compile the After-Action Report (AAR) and Improvement Plan (IP).

## After-Action Report

The LTC-MAP 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. AAR's also includes 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 and posted on the RI LTC-MAP website.

## Improvement Planning

Improvement planning is the process by which the observations recorded in the AAR are resolved through the 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 RI 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 and posted on the RI LTC-MAP website.

## 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 Friday, September 9, 2022)

1. Review appropriate emergency plans and the contents of your RI LTC-MAP binder.
2. Go to the LTC-MAP website, [www.mutualaidplan.org/ri](http://www.mutualaidplan.org/ri), and log in to your facility. Review the following tabs and be sure they are up to date: *(If you are unable to log on click the help button and request assistance).*
  - Facility Information, specifically:
    - Facility address, phone, and fax numbers
    - Generator information
  - Contact information:
    - Email address, office, cell, and home numbers for *(at a minimum)*:
      - Administrator/Executive Director
      - Director of Nursing/Resident Care Director
      - Director of Maintenance / Plant Operations
    - \* *In order to receive the e-mail injects on the day of the exercise, we need to have your contact information listed correctly.*
  - LTC Beds:
    - Update your Categories of Care and information about the number of residents in dementia-secured units *(if applicable)*.
  - Evacuation Sites:
    - List your Top 10 evacuation sites *(cross-reference with categories of care)*.
  - Vendors:
    - Update all your vendors, as needed. At a **minimum**, you should have your critical vendors listed:
      - Beds
      - Food
      - Generator Fuel
      - Generator Repair
      - Medical Supplies
      - Restoration Company
      - Transportation Provider (Wheelchair & Ambulance)

## 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 communication and coordination 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 the 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 debrief 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-Action Report & Improvement Plan* to document the exercise for your regulatory authority. This report is located at [www.mutualaidplan.org/ri](http://www.mutualaidplan.org/ri) in the 2022 Exercises Folder.

**Please Note:** Rhode Island Department of Health (RIDOH) and Jensen Hughes **will NOT** retain copies of individual *Facility After-Action Reports or Improvement Plans*.

## APPENDIX A: EXERCISE SCHEDULE

**NORTHERN REGION: TUESDAY, SEPTEMBER 20, 2022, 9 AM – 12:30 PM**

**SOUTHERN REGION: WEDNESDAY, SEPTEMBER 21, 2022, 9 AM – 12:30 PM**

- 8:00 AM: Jensen Hughes Lead Controller arrives at the Department Operations Center.
- 8:30 AM: The event Controller conducts a Conference Call to ensure all are in position before the start of the exercise. *(No LTC-MAP member action needed).*
- 8:30 AM: Neighboring Region Everbridge message to support the evacuation by completing Emergency Reporting.
- 9:00 AM: **START EX:** Exercise commences via the Everbridge alert message.
- 9:10 AM: All Regional plan members complete their Emergency Reporting.
- 9:15 AM: All Regional plan members establish command centers and review internal actions (Complete *Transportation Evacuation Survey* and enter at [www.mutualaidplan.org/ri](http://www.mutualaidplan.org/ri). Develop an Incident Action Plan (IAP) and document on the IAP Quick Form).
- 9:20 AM: Mock Resident Accepting Facilities/Communities (RAFTs) will be sent out via LTC-MAP Notification E-Mail Message. These are **NOT REAL** RI LTC-MAP members. Each DSF will determine proper placement for their mock residents based on bed availability of the mock RAFTs, as well as the categories of care they can accommodate.
- 9:30 AM: **Regional Conference Call.** All Region members join call for a Situational Briefing. (See Appendix D for MS TEAMS Link and/or dial-in phone number and access code).
- 9:45 AM: DSFs prepare to send residents:
- Establish holding area(s).
  - Physically move mock resident(s) into holding area (factoring in multi-level facilities where applicable).
- 9:50 AM: DSFs each fill out *Resident Emergency Evacuation Forms* using true clinical information from residents with mock names. Each DSF will fill out 10% of their licensed beds, up to twenty (20) *Resident Emergency Evacuation Forms*.
- Please note:** You can access and print these forms from [www.mutualaidplan.org/ri](http://www.mutualaidplan.org/ri) located in the 2022 Exercise Documents Folder. Please save your pre-printed triplicate forms for use in real-world incidents.
- 10:00 AM: With list of **mock RAFTs**, DSFs fill out *Resident / Medical Record / Staff / Equipment Tracking Sheets* and determine placement of mock residents.
- Review how to prepare the residents for evacuation.
  - Review staffing levels pertaining to the evacuation.
  - Review pickup locations of arriving transportation and staging areas for transportation vehicles.
- 11:00 AM: DSFs determine recovery efforts and actions to take place internally.

- Contacting vendors for supplies and equipment.
  - Messaging to staff / family / media.
- 11:30 AM: **END EX:** Exercise play ends via an Everbridge alert message.
- 11:45 AM: All exercise participants to join the Hot Wash / Conference Call.
- 12:30 PM: Exercise concludes.

## APPENDIX B: EXERCISE SCENARIO

### Situation / Status Report 1: (48 - 72 Hours Pre-exercise)

***THIS IS A DRILL.***

SPECIAL WEATHER STATEMENT FROM THE NATIONAL WEATHER SERVICE IN TAUNTON, MA...

A HURRICANE WATCH HAS BEEN ISSUED FOR THE STATE OF RHODE ISLAND. STORM TO ARRIVE WITHIN THE NEXT THREE DAYS. THERE IS THE POTENTIAL FOR HIGH WINDS, HEAVY RAIN, STORM SURGE, INCLUDING LOCALIZED FLOODING, AND TORNADOS IN THE NEXT 48 - 72 HOURS.

***THIS IS A DRILL***

### Situation / Status Report 2: (24 Hours Pre-exercise)

***THIS IS A DRILL.***

THE NATIONAL WEATHER SERVICE IN TAUNTON, MA HAS ISSUED A HURRICANE WATCH, TROPICAL STORM WATCH, AND FLOOD WATCH FOR THE STATE OF RHODE ISLAND...

RHODE ISLAND HAS THE POTENTIAL TO EXPERIENCE HURRICANE / TROPICAL STORM CONDITIONS WITH HEAVY RAIN, HIGH WINDS, STORM SURGE, FLOODING AND TORNADOS. THERE IS A POTENTIAL FOR PROPERTY DAMAGE. FLOOD WATCHES ARE BEING POSTED IN COASTAL AREAS AND AROUND STREAMS AND RIVERS.

***THIS IS A DRILL.***

### Day of Exercise: 9:00 AM

***THIS IS A DRILL.***

Reports are coming in that many healthcare facilities have suffered structural damage, flooding, and loss of commercial power from the hurricane impacting the state. If not already done, RI LTC-MAP members should activate their internal Command Centers immediately. Due to the impacts to facilities, all RI LTC-MAP members are evacuating. The RI LTC-MAP has been activated. Complete your Emergency Reporting at [www.mutualaidplan.org/ri](http://www.mutualaidplan.org/ri) as soon as possible.

***THIS IS A DRILL.***



## APPENDIX C: EXERCISE PREPARATION LOGISTICS

### **REQUIRED DRILL PARTICIPANTS:**

#### Controllers:

- a. Lead Controller: Andy McGuire, Jensen Hughes
- b. Field Observers:
  - a. Two (2) Jensen Hughes Controllers will be in the field each visiting two (2) to three (3) DSFs per region each day.

#### Evaluators:

- a. DSF Command Center Evaluators. Each RI LTC-MAP facility/community should reach out to community partners to determine if they could be an evaluator during this full-scale exercise. If community partners are unable to attend, consider recruiting corporate leadership, volunteers, staff from different shifts (night supervisor, manager, etc.), or resident family members to serve in this role.

#### Department Operations Center Staff:

- a. 2-4 RIDOH Tier 2 Department Operations Center staff will support the evacuating Region.

#### DSF Staff:

- a. Command Center: 3 - 5 staff members
- b. Holding Area: 2 - 4 staff members
- c. Support Staff: 2 staff members
- d. Mock Residents: 5+ staff members

## APPENDIX D: COMMUNICATIONS PLAN

### Exercise Start, Suspension, and Termination Instructions, Conference Call Numbers and (TEAMS) Links

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 cellular telephone and text. The controller communications network allows the Senior 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 a landline or cellular telephone, MS TEAMS, and fax. A list of key telephone, MS TEAMS Link, and fax numbers will be available before the exercise starts and posted on the LTC-MAP website in the 2022 Exercise Documents folder.

#### Communications Check

Before the exercise, the controllers will conduct a communication check with all interfacing communications modes to ensure redundancy and an 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 Department Operations Center can assist with media inquiries and statements.

## **MS TEAMS Link / Conference Line Number**

The following MS TEAMS link and phone number have been established for the Regional Conference Calls and Hotwash/Debrief Calls:

**RI LTC-MAP: All Regions, (use the same link and number)**

### **Microsoft Teams meeting**

**Join on your computer or mobile app**

[Click here to join the meeting](#)

Meeting ID: 273 525 560 504

Passcode: 7FTGna

**Or call in (audio only)**

[\(833\) 827-2563,,772254867#](#) United States (Toll-free)

Phone Conference ID: 772 254 867#

## APPENDIX E: ACRONYM/ABBREVIATION LIST

Acronym	Meaning
AAM	After-Action Meeting
AAR/IP	After Action Report/Improvement Plan
CDC	Centers for Disease Control and Prevention
CEPR	Center for Emergency Preparedness and Response
CMS	Centers for Medicare and Medicaid Services
DHS	U.S. Department of Homeland Security
DOC	[RIDOH's] Department Operations Center
DSF	Disaster Struck Facility
EEG	Exercise Evaluation Guide
EMS	Emergency Medical Services
ENDEX	End of Exercise
ExPlan	Exercise Plan
FAAR	Facility After Action Report
FOUO	For Official Use Only
JH	Jensen Hughes (RI LTC-MAP vendor)
HARI	Hospital Association of Rhode Island
HCPR	Health Care Preparedness and Response [Capabilities]
HCRI	Healthcare Coalition of Rhode Island
HPP	Hospital Preparedness Program
HSEEP	Homeland Security Exercise and Evaluation Program
ICS	Incident Command System
LTC	Long-term Care
LTC-MAP	Long Term Care Mutual Aid Plan
MSEL	Master Scenario Events List
PHP	Public Health Preparedness [Capabilities]
POC	Point of Contact
PTS	Patient Tracking System
RAF	Resident Accepting Facility
RIDOH	Rhode Island Department of Health
SimCell	Simulation Cell
STARTEX	Start of Exercise
VIP	Very Important Person