

2022 CT LTC-MAP Disaster Struck Facilities (DSFs) Exercise Guide

Disaster Struck Facilities (DSFs) Conference Calls:

Dates: September 22, 2022, or September 27, 2022

Times: 10:00 AM - 11:00 AM (Morning Sessions)
or 1:00 PM - 2:00 PM (Afternoon Sessions)

(See MS TEAMS Links at end of document)

Thank you for participating in the upcoming 2022 CT LTC-MAP Annual Exercises.
Listed below are the dates of the exercises for each region.

Region 2 – October 24, 2022	(12:00pm-3:30pm)
Region 5 – October 25, 2022	(9:00am-12:30pm)
Region 1 – October 26, 2022	(9:00am-12:30pm)
Region 4 – October 27, 2022	(9:00am-12:30pm)
Region 3 – October 28, 2022	(9:00am-12:30pm)

Focus of Exercise: The focus of this exercise is to have all CT LTC-MAP members test their ability to perform the actions necessary of a Disaster Struck Facility (DSF). This will create an opportunity for all participating members to:

- Review facility evacuation plans.
- Stand up Command Centers, with participation from community partners.
- Complete steps necessary to activate CT LTC-MAP and understand the processes to support the safe relocation of residents, including Transportation Evacuation Surveys to identify transportation requirements for each resident.
- Manage Holding Areas with mock residents.

A core focus of this exercise will be having all CT LTC-MAP members conduct a *Transportation Evacuation Survey* as well as determine proper placement of mock residents and fill out appropriate documents.

The LTC Coordinating Centers for this year's exercises will be from Massachusetts (MassMAP). The objective is to have another states LTC Coordinating Centers support facilities from Connecticut.

Objectives of the Exercise: Specific exercise objectives can be found in the Exercise Plan, located on the website (www.mutualaidplan.org/ct) in the 2022 Exercise Documents folder.

ALL FACILITIES ARE REQUESTED TO PARTICIPATE IN THIS EXERCISE.

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There will be a lot of activity on the exercise days, and we want to ensure everyone has the information they need to make this opportunity a success. Below are details concerning your facility's role during the exercise.

Exercise Day:

Region 2 (Monday)	Regions 5, 1, 4 & 3 (Tuesday – Friday)	Task
11:30 AM	08:30 AM	Neighboring Region Everbridge Message to support the Evacuation by completing Emergency Reporting.
12:00 PM	09:00 AM	START EX: Exercise commences via the Everbridge Alert message.
12:05 PM	09:05 AM	All Regional plan members complete their Emergency Reporting.
12:10 PM	09:10 AM	All Regional plan members establish their Command Centers and review internal actions that must be completed (Complete <i>Transportation Evacuation Survey</i> and enter at www.mutualaidplan.org/ct . Develop your Incident Action Plan (IAP), etc.)
12:20 PM	09:20 AM	Mock Resident Accepting Facilities/ Communities (RAF) will be sent out via LTC-MAP Notification Email. These are NOT REAL CT LTC-MAP members. Each DSF will determine proper placement for their mock residents based on the bed availability of the mock RAFs, as well as the categories of care they can accommodate.
12:30 PM	09:30 AM	Conference Call. All Region members join a Conference Call / MS TEAMS Meeting for a Situational Briefing. Links and Dial-in and instructions will be sent on the day of your exercise.
12:45 PM	09:45 AM	DSFs prepare to send residents: <ul style="list-style-type: none"> • Establish holding area • Physically move mock resident(s) into holding area (factoring in multi-level facilities where applicable).

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12:50 PM	09:50 AM	DSFs each fill out Resident Emergency Evacuation Forms using true clinical information from residents with fake names. Each DSF will fill out 10% of their licensed beds, up to twenty (20) <i>Resident Emergency Evacuation Forms</i> . Please note: You can print these forms from www.mutualaidplan.org/ct in the 2022 Exercise Documents folder. Please save your printed triplicate forms for use in real-world disasters.
1:00 PM	10:00 AM	With list of Mock RAFs , DSF is to fill out <i>Resident/Medical Record/Staff/Equipment Tracking Sheet(s)</i> and determine placement of mock residents. <ul style="list-style-type: none"> • Review how to prepare the residents. • Review staffing levels pertaining to the evacuation. • Review pickup locations of arriving transportation.
1:30 PM	10:30 AM	DSFs determine recovery efforts and actions to take place internally: <ul style="list-style-type: none"> • Contacting vendors for supplies and equipment. • Message to family / media.
2:30 PM	11:30 AM	END EX: Exercise concludes via an Everbridge Alert message.
2:45 PM	11:45 AM	All exercise participants to join the Hot Wash/Conference Call via MS Teams.

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Pre-Exercise Assignments: (Complete by October 14, 2022)

1. Review appropriate emergency plans; the contents of your CT LTC-MAP binder.
2. Go to the LTC-MAP website, www.mutualaidplan.org/ct, 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
 - Facilities Manager

* ***In order to receive the e-mail injects on the day of the exercise we need to have your contact information listed.***

 - 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 & Mattresses
 - Food
 - Generator Fuel
 - Generator Repair
 - Medical Supplies
 - Transportation Provider

Full-Scale Exercise Definition

Full-Scale Exercises (FSEs) are typically the most complex and resource-intensive type of exercise. They involve multiple agencies, organizations, and jurisdictions and validate many facets of preparedness. In an FSE, events are projected through an exercise scenario with event updates that drive activity at the operational level. FSEs are usually conducted in a real-time, stressful environment that is intended to mirror a real incident. The FSE simulates reality by presenting complex and realistic problems that require critical thinking, rapid problem solving, and effective responses by trained personnel. The level of support needed to conduct an FSE is greater than that needed for other types of exercises. The exercise site for an FSE is usually large, and site logistics

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require close monitoring. Safety issues, particularly regarding the use of props and special effects, must be monitored. Throughout the exercise, many activities occur simultaneously.

Please review (below) the elements of the CT LTC-MAP 2021 full-scale exercise that reference the above definition of FSEs.

ALL DSFs should address each of the following elements of the exercise:

1. **Mock Residents:** This year, it is the responsibility of each DSF to arrange for volunteer mock residents (5-10 people) to be at its facility for the functional portion of the exercise. We recommend using off-shift staff, regular volunteers at your facility, or residents' family members as mock residents. The mock residents will not be leaving your facility; rather, they will be brought to your Holding Area and prepared for simulated evacuation. The purpose is to determine proper Holding Area location, setup, and simulated evacuation flow. Please reference Holding Area Coordinator Checklist at www.mutualaidplan.org/ct in the 2022 Exercises Documents folder.

During the exercise, we recommend you assign each mock resident a name tag, *Resident Emergency Evacuation Form*, medical charts, equipment, and personal belongings. Please fill out the *Resident Emergency Evacuation Forms* using true clinical information from residents. Each DSF will fill out forms for 10% of their licensed beds, up to twenty (20) *Resident Emergency Evacuation Forms*. **The more realistic you make this portion, the more your facility will benefit from the exercise.**

2. **Evaluators:** Have one or two evaluators (staff member, local emergency manager, fire department/EMS representative, or other) within the Holding Area and the Command Center and have them evaluate the process of preparing residents to evacuate as well as any communication that takes place internally and with external agencies. Exercise Evaluation Guides (EEGs) will be at www.mutualaidplan.org/ct in the 2022 Exercises Documents folder.
3. **Transportation Evacuation Survey:** During the exercise days, all CT LTC-MAP members will be requested to conduct an internal *Transportation Evacuation Survey*. This helps local fire departments and emergency medical services, transportation companies, and others understand the transportation needs of your residents. To assist with this, we recommend downloading the *Instructions - Transportation Evacuation Survey (Online Version)* at www.mutualaidplan.org/ct in the 2022 Exercises Documents folder.

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4. **Emergency Reporting:** On the day of the exercise, complete Emergency Reporting at www.mutualaidplan.org/ct within 30 minutes of receiving the Everbridge alert message. Use this as a training opportunity. Complete with your leadership team. The goal is for all members of your leadership team know how to complete Emergency Reporting. Since all members are DSFs, the emergency reporting must reference WHY you are evacuating. This can be based on potential real-world problems/issues that may arise at your facility / community should a tropical storm occur. What could force you to evacuate? Examples: roof damage with flooding, other structural damage, flooding of Electrical Room with transfer switch damage, etc.
5. **Activate your facility Command Center:** On the day of the exercise:
 - a. Assemble your team.
 - b. Simulate communications with the appropriate external agencies as appropriate.

IMPORTANT: For ALL real communications (radio, phone, verbal or other), please be sure to begin and end all transmissions with the phrase: “*This is a drill.*”

6. **Establish your Holding Area:** Fully set up the area where you would hold residents as they prepare to evacuate the facility. Identify the staffing and equipment necessary to support this area. The objectives for this area are to:
 - a. Clinically assess residents before evacuation.
 - b. Review all medical records/forms/personal belongings.
 - c. Identify:
 - i. Medical diagnoses
 - ii. Current medications and last dose
 - iii. Allergies
 - iv. Mental status
 - v. Mobility
 - vi. Special precautions
 - d. Medical Records: Review process on how you would provide medical records (either paper or electronic), depending on the facility to which they will go (e.g., can you transfer electronic records to other facilities within your parent company vs. those that are not?). Walk through this process to ensure your clinical team is clear on how you would accomplish this.

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7. **Relocate Mock Residents to Holding Area:** Determine the process of getting the residents to the holding area, factoring in mobility, dementia residents, the vertical movement for facilities over two stories, etc. Each mock resident should be run through the activities described in #6 when they arrive in the Holding Area.
8. **Mutual Aid Plan Binder:** Ensure you have one hard copy of the Mutual Aid Plan printed and in the facility Command Center or another accessible location.
 - a. Education should take place internally on the Plan for leadership positions and those who could answer incoming calls. Be sure to maintain documentation of this as annual training, as required by the CMS Emergency Preparedness Rule.
9. **Community Involvement:** To be CMS compliant, you need to involve your community partners. Invite them **now** to your building for the day of your exercise to observe and/or serve as an evaluator. This includes the fire department, local emergency manager, local public health, and EMS. Please document this process throughout, including ensuring that all community partners sign in.

Note: If your community partners cannot attend or do not respond, please document this by saving email correspondence. Be sure to maintain this documentation, to provide to surveyors to demonstrate compliance with the exercise requirements in the CMS Emergency Preparedness Rule.

10. **Photos and Inject Response:** Please provide all requested Injects and Documents in **ONE (1) email** to photos@mutualaidplan.org
 - a. Subject Line – Your Facility Name and Region Number
 - b. Attach the following:
 - i. All Photos
 - ii. All documents
11. **Facility After Action Report (AAR):** After the exercise, all CT LTC-MAP members will complete their own After Action Report. **In order to be compliant with the CMS Emergency Preparedness Rule, facilities will need to complete the Jensen Hughes provided facility AAR template.** The objective of the AAR is to take lessons learned from the exercise and to incorporate them into and improve your Emergency Operations Plan (EOP). The AAR template will be provided by Jensen Hughes on www.mutualaidplan.org/ct in the 2022 Exercises Documents folder.

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Please note: All members must save their Facility After Action Report with your internal documents/process. Neither Jensen Hughes nor Connecticut Association of Health Care Facilities (CAHCF) will be collecting copies of these reports.

IMPORTANT: For ALL communications (radio, phone, verbal or other), please be sure to begin and end all transmissions with the phrase: “THIS IS A DRILL”

**MS TEAMS Link / Conference Call Numbers are below for all DSF Exercise Prep
Conference Calls**

(You can either use the MS TEAMS Web Application or Dial-In Number)

YOU ONLY NEED TO ATTEND ONE PREP CONFERENCE CALL

Thursday, September 22, 2022, 10:00 AM

Thursday, September 22, 2022, 1:00 PM

Tuesday, September 27, 2022, 10:00 AM

Tuesday, September 27, 2022, 1:00 PM

Microsoft Teams meeting

Join on your computer or mobile app

[Click here to join the meeting](#)

Meeting ID: 256 651 462 02

Passcode: zm6hEf

Or call in (audio only)

(833) 827-2563 United States (Toll-free)

Phone Conference ID: 257 355 39#