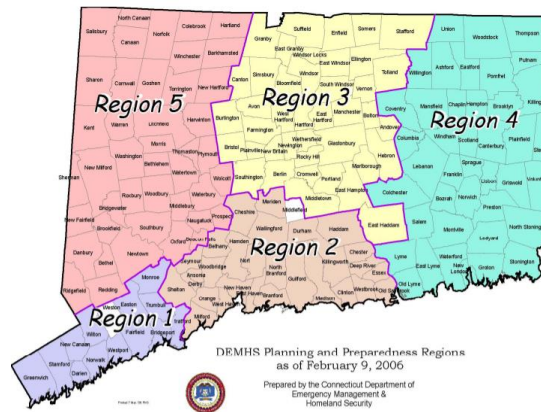


Connecticut

Long Term Care Mutual Aid Plan (LTC-MAP)



2022 Full-Scale Exercises:

Exercise Plan:

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

DRAFT Date: July 18, 2022
Revision Date: August 25, 2022
Completion Date: September 29, 2022

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PREFACE

These Full-Scale Exercises are conducted for the Connecticut Long Term Care Mutual Aid Plan (LTC-MAP) and was developed through a contract between the Connecticut Association of Health Care Facilities (CAHCF) and Jensen Hughes. Jensen Hughes is to produce the exercise materials including this Exercise Plan (ExPlan), which follows guidelines outlined 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 at the date of revised publication and is subject to change at any time at the discretion of the Connecticut Association of Health Care Facilities (CAHCF) or Jensen Hughes.

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

1. To place and support the 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 identifying transportation for evacuated residents.
4. To have a neighboring Long Term Care Mutual Aid Plan (LTC-MAP) state's LTC Coordinating Center stand up and coordinate the events for the impacted regions.

The LTC Coordinating Centers from other LTC-MAP states will support the Region on the day of their exercise. Each member of the CT LTC-MAP will simulate being a Disaster Struck Facility (DSF). Each CT LTC-MAP Region 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 CT LTC-MAP. As an element of this, Jensen Hughes will conduct several onsite visits to CT 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 CT LTC-MAP Plans and members' internal responses.

This exercise is designed to comply with the CMS Conditions of Participation §483.73 (d) (2) (i): 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. If the LTC facility experiences an actual natural or man-made emergency that requires activation of the emergency plan, the LTC facility is exempt from engaging in a community-based or individual, facility-based full-scale exercise for 1 year following the onset of the actual event.

HANDLING INSTRUCTIONS

1. The title of this document is *2022 All Members Exercise as Disaster Struck Facilities & LTC Coordinating Centers Cross-State Response*.
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 Connecticut Association of Health Care Facilities (CAHCF) 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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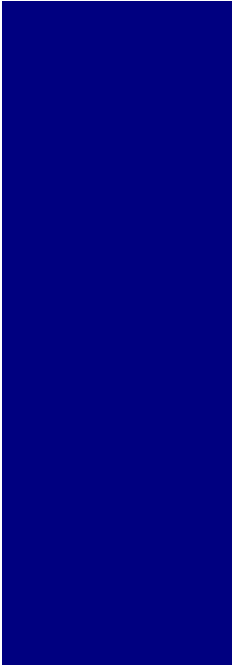
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EXERCISE OVERVIEW

| | |
|-----------------------|--|
| Exercise Name | 2022 All Members Exercise as Disaster Struck Facilities & LTC Coordinating Centers Cross-State Response |
| Exercise Dates | <p>Region 2 – Monday, October 24, 2022 (12:00pm-3:30pm) Region 5 – Tuesday, October 25, 2022 (9:00am-12:30pm) Region 1 – Wednesday, October 26, 2022 (9:00am-12:30pm) Region 4 – Thursday, October 27, 2022 (9:00am-12:30pm) Region 3 – Friday, October 28, 2022 (9:00am-12:30pm)</p> |
| | <p>In this year’s exercise, all Connecticut 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, as well. Components of LTC-MAP and internal plans that will be tested include:</p> <ul style="list-style-type: none"> • Activation of facility command centers. • Reporting operational status. • Completion of <i>Transportation Evacuation Surveys</i>. • Activation and setup of internal holding area(s). • Matching residents to available Resident Accepting Facility’s beds. • Submission of the <i>Resident / Medical Record / Staff / Equipment Tracking Sheet</i> to the email address that will be provided. • Activation of LTC Coordinating Centers in each region of the Massachusetts Long Term Care Mutual Aid Plan (MassMAP) to support an evacuation. <p>While the evacuation of the Disaster-Struck Facilities (DSFs) generally will be notional, all members will receive a request to complete their <i>Transportation Evacuation Survey</i> (see instructions on how to complete this action by visiting www.mutualaidplan.org/ct) using real information from their current full census on the day of the exercise. Members will also be asked to simulate the evacuation of their floors using at least two of their staff members or other volunteers to act as mock residents. Members should use this opportunity to test internal evacuation plans and vertical evacuation equipment if applicable.</p> |



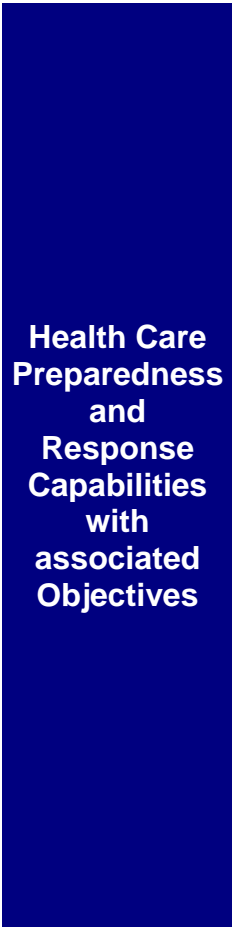
The LTC Coordinating Centers that will support these incidents will be from Massachusetts. This is the second time that we have had a cross-jurisdiction LTC Coordinating Center support a CT LTC-MAP exercise. Their exercise objectives include:

- Set-Up of MassMAP LTC Coordinating Centers
- Establish Regional Conference Call Objectives
- Assign staff to identify and manage:
 - Operational issues
 - Available open beds
 - Available Transportation and drivers from plan members

All participating plan members will be expected to complete a Facility After Action Report and Improvement Plan (FAAR/IP) documenting their participation.

Mission Area(s)

Response



Health Care Preparedness and Response Capabilities with associated Objectives

The capabilities listed below, as identified in the 2017-2022 Health Care Preparedness and Response Capacities, published by the Office of the Assistant Secretary for Preparedness and Response in November 2016, provide the foundation for the development of the exercise objectives and scenario. The purpose of this exercise is to measure and validate the performance of the following capabilities and their associated critical tasks:

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

| | | | | | | | | | | | |
|---|---|---|---|---|--|--|--|--|--|--|---------------|
| | <p>HCPR Capability 3: Continuity of Health Care Services Delivery <u>Objective 6:</u> Plan for and Coordinate Health Care Evacuation and Relocation <u>Activity 1:</u> Develop and Implement Evacuation and Relocation Plans <u>Activity 2:</u> Develop and Implement Evacuation Transportation Plans</p> | | | | | | | | | | |
| <p>Threat or Hazard</p> | <p>Hurricane</p> | | | | | | | | | | |
| <p>Scenario</p> | <p>Hurricane Martin has caused flooding, power outages, and structural damage to all nursing homes and assisted living communities in the State of Connecticut. With the threat of another storm coming up the coast in the next 72 hours, all CT LTC-MAP members are forced to evacuate their facilities and communities.</p> | | | | | | | | | | |
| <p>Sponsor</p> | <p>Connecticut Long Term Care Mutual Aid Plan (LTC-MAP)</p> | | | | | | | | | | |
| <p>Participating Organizations</p> | <table border="1"> <tr> <td>MassMAP Region 5 LTC Coordinating Center – Sarah Brayton Skilled Nursing Center, 4901 N. Main Street, Fall River, MA. Standing up for CT LTC-MAP Region 2 exercise on Monday, October 24, 2022.</td> </tr> <tr> <td>MassMAP Region 4 LTC Coordinating Center – Hebrew Rehabilitation Center, 1200 Centre Street, Roslindale, MA. Standing up for CT LTC-MAP Region 5 exercise on Tuesday, October 25, 2022.</td> </tr> <tr> <td>MassMAP Region 3 LTC Coordinating Center – Chelsea Jewish North Shore Campus, 240 Lynnfield Street, Peabody, MA. Standing up for CT LTC-MAP Region 1 exercise on Wednesday, October 26, 2022.</td> </tr> <tr> <td>MassMAP Region 2 LTC Coordinating Center – Central Massachusetts EMS Corporation, 361 Holden Street, Holden, MA. Standing up for CT LTC-MAP Region 4 exercise on Thursday, October 27, 2022.</td> </tr> <tr> <td>MassMAP Region 1 LTC Coordinating Center – Jewish Geriatric Services, 770 Converse Street, Longmeadow, MA. Standing up for CT LTC-MAP Region 3 exercise on Friday, October 28, 2022.</td> </tr> <tr> <td>Disaster Struck Facilities – All CT LTC-MAP plan members</td> </tr> <tr> <td>Connecticut Department of Public Health – Facilities Licensing and Investigations Section (FLIS)</td> </tr> <tr> <td>Connecticut Department of Emergency Services & Public Protection (DESPP), Division of Emergency Management & Homeland Security (DEMHS)</td> </tr> <tr> <td>Local Fire Departments, EMS, and Emergency Management Officials (associated with the DSFs)</td> </tr> <tr> <td>Jensen Hughes</td> </tr> </table> | MassMAP Region 5 LTC Coordinating Center – Sarah Brayton Skilled Nursing Center, 4901 N. Main Street, Fall River, MA. Standing up for CT LTC-MAP Region 2 exercise on Monday, October 24, 2022. | MassMAP Region 4 LTC Coordinating Center – Hebrew Rehabilitation Center, 1200 Centre Street, Roslindale, MA. Standing up for CT LTC-MAP Region 5 exercise on Tuesday, October 25, 2022. | MassMAP Region 3 LTC Coordinating Center – Chelsea Jewish North Shore Campus, 240 Lynnfield Street, Peabody, MA. Standing up for CT LTC-MAP Region 1 exercise on Wednesday, October 26, 2022. | MassMAP Region 2 LTC Coordinating Center – Central Massachusetts EMS Corporation, 361 Holden Street, Holden, MA. Standing up for CT LTC-MAP Region 4 exercise on Thursday, October 27, 2022. | MassMAP Region 1 LTC Coordinating Center – Jewish Geriatric Services, 770 Converse Street, Longmeadow, MA. Standing up for CT LTC-MAP Region 3 exercise on Friday, October 28, 2022. | Disaster Struck Facilities – All CT LTC-MAP plan members | Connecticut Department of Public Health – Facilities Licensing and Investigations Section (FLIS) | Connecticut Department of Emergency Services & Public Protection (DESPP), Division of Emergency Management & Homeland Security (DEMHS) | Local Fire Departments, EMS, and Emergency Management Officials (associated with the DSFs) | Jensen Hughes |
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| Local Fire Departments, EMS, and Emergency Management Officials (associated with the DSFs) | | | | | | | | | | | |
| Jensen Hughes | | | | | | | | | | | |

**Points of
Contact**

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GENERAL INFORMATION

Acronyms:

| | |
|---------------------------------|--|
| CT DPH: | Connecticut Department of Public Health |
| CT DEMHS: | Connecticut Division of Emergency Management & Homeland Security |
| DSF: | Disaster Struck Facility |
| EMS: | Emergency Medical Services |
| LTC Coordinating Center: | Long Term Care Coordinating Center |
| NHICS: | Nursing Home Incident Command Center |
| RAF: | Resident Accepting Facility |

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 Objectives |
|--|---|
| <p>HCPR Capability 2: Health Care and Medical Response Coordination</p> <p>Objective 2: Utilize Information Sharing Procedures and Platforms</p> <ul style="list-style-type: none"> Activity 3: Utilize Communications Systems and Platforms | <ul style="list-style-type: none"> 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). 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). Ensure that LTC-MAP members provide ongoing information and situational reports via the online emergency reporting system as their internal situations escalate. |
| <p>HCPR Capability 2: Health Care and Medical Response Coordination</p> <p>Objective 3: Coordinate Response Strategy, Resources, and Communications</p> <ul style="list-style-type: none"> Activity 1: Identify and | <ul style="list-style-type: none"> LTC Coordinating Center to identify and coordinate beds, transportation, and other resources as requested by Disaster Struck Facilities. All Disaster Struck Facilities to document an Incident Action Plan (IAP) using the NHICS |

| | |
|--|---|
| <p>Coordinate Resource Needs during an Emergency</p> <ul style="list-style-type: none"> • Activity 2: Coordinate Incident Action Planning During an Emergency • Activity 3: Communicate with Health Care Providers, Non-Clinical Staff, Patients (Residents), and Visitors during an Emergency | <p>IAP Quick Guide in their Command Center.</p> <ul style="list-style-type: none"> • Demonstrate the ability to fill resource gaps through members' vendor support process and sharing of resources. • Disaster Struck Facilities to conduct a staff recall utilizing their internal communications plan (electronic notification system, phone tree, call down lists, etc.) |
| <p>H CPR Capability 3: Continuity of Health Care Service Delivery Objective 6: Plan for and Coordinate Health Care Evacuation and Relocation</p> <ul style="list-style-type: none"> • Activity 1: Develop and Implement Evacuation and Relocation Plans | <ul style="list-style-type: none"> • Demonstrate effective response and evacuation coordination by DSF personnel by use of the Nursing Home Incident Command System (NHICS) and community partner involvement. • Demonstrate the ability to match categories of care of the DSFs mock residents to the provided RAFs. |
| <p>H CPR Capability 3: Continuity of Health Care Service Delivery Objective 6: Plan for and Coordinate Health Care Evacuation and Relocation</p> <ul style="list-style-type: none"> • Activity 2: Develop and Implement Evacuation Transportation Plans | <ul style="list-style-type: none"> • Determine the transportation needs of the full census of each DSF by completing a <i>Transportation Evacuation Survey</i> the day before the exercise. • Update the Categories of Care provided by each DSF before the exercise. • Activate and set up internal holding areas to prepare residents for movement. • Demonstrate the ability to track residents by properly completing required documents (<i>Resident / Medical Record / Staff / Equipment Tracking Sheets</i>) |

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 Exercise Director and 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.
- **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 CT 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 CT 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 are limited to participating exercise organizations, venues, and any SimCell.
- 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 LTC Coordinating Center is stood up 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

Pre-exercise and day-of-exercise situation status reports establish the overall scenario for the region, the Disaster Struck Facilities (DSFs) 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 an email message.

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 render aid.
 - Inform the lead controller (at the LTC Coordinating 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, LTC Coordinating Centers 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, LTC Coordinating Centers.

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 Controller, Andy McGuire, Lead Fire & Emergency Management Consultant, Jensen Hughes, 31 Cooke Street Plainville, CT 06062, (860) 390-1949, andrew.mcquire@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 encouraged to attend the meeting. The Hot Wash will not exceed 30 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 & 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/ct 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 Connecticut Association of Health Care Facilities (CAHCF) 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 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. 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.

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 CT 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.

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.**”

Player Instructions

Before the Exercise (Complete by Friday, October 14, 2022)

1. Review appropriate emergency plans, the contents of your CT LTC-MAP binder, and exercise support documents.
2. Go to the LTC-MAP website, www.mutualaidplan.org/ct and login to your facility. Review the following tabs and be sure they are up to date:
 - Facility Information, specifically:
 - Facility address, phone, and fax numbers
 - Update generator information
 - Contact information for (at a minimum):
 - Email address, office, cell, numbers for (at a minimum):
 - Administrator/Executive Director
 - Director of Nursing/Resident Care Director
 - Maintenance Director/Plant Operations
 - LTC Beds:
 - Update your Categories of Care and information about the number of residents in each facility type and a dementia-secured unit (*if applicable*).
 - Evacuation Sites:
 - List your Top 10 evacuation sites (cross-reference with categories of care).
 - Vendors:
 - Add in your vendors. At a minimum, you should have your critical vendors listed.

During the Exercise

Respond to exercise events and information as if the emergency was 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 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." 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/ct.

Please Note: Connecticut Association of Health Care Facilities (CAHCF) and Jensen Hughes **will NOT** retain copies of individual *Facility After Action Reports or Improvement Plans*.

APPENDIX A: REGION 2 (MONDAY) EXERCISE SCHEDULE

- 11:00 AM: Jensen Hughes Lead Controller arrives at the MassMAP LTC Coordinating Center.
- 11:30 AM: The event Controller conducts a Conference Call to ensure all in position before the start of the exercise. *(No LTC-MAP member action needed).*
- 11:30 AM: Neighboring Region Everbridge Message to support the Evacuation by completing Emergency Reporting.
- 12:00 PM: **START EX:** Exercise commences via the Everbridge Alert message.
- 12:10 PM: All Regional plan members complete their Emergency Reporting.
- 12:15 PM: All Regional plan members establish command centers and review internal actions (Complete *Transportation Evacuation Survey* and enter at www.mutualaidplan.org/ct if not completed the day prior. Develop an Incident Action Plan (IAP) and document on the IAP Quick Form).
- 12:20 PM: Mock Resident Accepting Facilities/Communities (RAFs) will be sent out via LTC-MAP Notification E-Mail Message. These are **NOT REAL** CT LTC-MAP members. Each DSF will determine proper placement for their mock residents based on bed availability of the mock RAFs, as well as the categories of care they can accommodate.
- 12:30 PM: **Regional Conference Call.** All-Region members join call for a Situational Briefing. (See Appendix D for TEAMS Link and or number and access code below).
- 12:45 PM: DSFs prepare to send residents:
- Establish holding area.
 - Physically move mock resident(s) into holding area (factoring in multi-level facilities when applicable).
- 12:50 PM: 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 print these forms off at www.mutualaidplan.org/ct from the “2022 Exercise Documents.” Please save your printed triplicate forms for use in real-world disasters.
- 1:00 PM: With list of **mock RAFs**, DSF is to fill out *Resident / Medical Record / Staff / Equipment Tracking Sheets* and determine placement of mock residents.
- Review how to prepare the residents to travel.
 - Review staffing levels pertaining to the evacuation.
 - Review pickup locations of arriving transportation.

- 2:00 PM: DSFs determine recovery efforts and actions to take place internally.
- Contacting vendors for supplies and equipment.
 - Messaging to staff / family / media.
- 2:30 PM: **END EX:** Exercise concludes via an Everbridge Alert message.
- 2:45 PM: All exercise participants to join the Hot Wash / Conference Call with their internal team.
- 3:30 PM: Exercise concludes.

APPENDIX A: REGIONS 5, 1, 4 & 3 (TUESDAY – FRIDAY) EXERCISE SCHEDULE

- 8:00 AM: Jensen Hughes Lead Controller arrives at the MassMAP LTC Coordinating Center.
- 8:30 AM: The event Controller conducts a Conference Call to ensure all 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/ct if not completed the day prior. Develop an Incident Action Plan (IAP) and document on the IAP Quick Form).
- 9:20 AM: Mock Resident Accepting Facilities/Communities (RAFs) will be sent out via LTC-MAP Notification E-Mail Message. These are **NOT REAL** CT LTC-MAP members. Each DSF will determine proper placement for their mock residents based on bed availability of the mock RAFs, 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 TEAMS Link and or number and access code below).
- 9:45 AM: DSFs prepare to send residents:
- Establish holding area.
 - Physically move mock resident(s) into holding area (factoring in multi-level facilities when 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 print these forms off at www.mutualaidplan.org/ct from the “2022 Exercise Documents.” Please save your printed triplicate forms for use in real-world disasters.
- 10:00 AM: With list of **mock RAFs**, DSF is to fill out *Resident / Medical Record / Staff / Equipment Tracking Sheets* and determine placement of mock residents.
- Review how to prepare the residents to travel.
 - Review staffing levels pertaining to the evacuation.
 - Review pickup locations of arriving transportation.

- 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 concludes via an Everbridge Alert message.
- 11:45 AM: All exercise participants to join the Hot Wash / Conference Call with their internal team.
- 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 UPTON, NY...

A HURRICANE WATCH HAS BEEN ISSUED FOR THE STATE OF CONNECTICUT. STORM TO ARRIVE WITHIN THE NEXT THREE DAYS. THERE IS THE POTENTIAL FOR SEVERE THUNDERSTORMS, HAIL, HIGH WINDS, HEAVY RAIN, AND LOCALIZED FLOODING 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 UPTON, NY HAS ISSUED A HURRICANE WATCH, SEVERE THUNDERSTORM WATCH, AND FLOOD WATCH FOR THE STATE OF CONNECTICUT. ...

CONNECTICUT HAS THE POTENTIAL TO EXPERIENCE SEVERE STORMS WITH HEAVY RAIN AND HIGH WINDS. THERE IS A POTENTIAL FOR PROPERTY DAMAGE. FLOOD WATCHES ARE BEING POSTED IN AREAS AROUND STREAMS AND RIVERS.

All CT LTC-MAP members are requested to complete a *Transportation / Evacuation Survey* based on today's census of residents and upload the data at www.mutualaidplan.org/ct. In addition, review and update your facility's "Categories of Care" in the LTC Beds Tab on your Facility's Planning Data page. For instructions on how to complete your *Transportation Evacuation Survey* or to update Categories of Care, go to www.mutualaidplan.org/ct, documents section, "Quick Reference Guide, Transportation / Evacuation Survey" and "Quick Reference Guide, Updating Categories of Care."

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 Hurricane Martin. If not already done, CT LTC-MAP members should activate their internal Command Centers immediately.

Because of a second storm approaching, all CT LTC-MAP members are required to evacuate. CT LTC-MAP has been activated. Complete your Emergency Reporting at www.mutualaidplan.org/ct.

THIS IS A DRILL.

APPENDIX C: EXERCISE PREPARATION LOGISTICS

REQUIRED DRILL PARTICIPANTS:

Controllers:

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

Evaluators:

- a. DSF Command Center Evaluators. Each CT 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.

LTC Coordinating Center Staff:

- a. 4 - 8 MassMAP LTC Coordinating Center staff will support the evacuating Region from a MassMAP LTC Coordinating Center.

DSF Staff:

- a. Command Center: 3 - 5 staff
- b. Holding Area: 2 - 4 staff
- c. Support Staff: 3 staff

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.”

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, TEAMS, and fax. A list of key telephone, TEAMS Links, and fax numbers will be available before the exercise starts and posted on the LTC-MAP website under 2022 Exercise Documents.

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 LTC Coordinating Center can assist with media inquiries and statements.

TEAMS Link / Conference Line Number

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

CT LTC-MAP: All Regions, Monday – Friday (use the same link and number)

Microsoft Teams meeting

Join on your computer, mobile app, or room device

[Click here to join the meeting](#)

Meeting ID: 260 276 740 387

Passcode: 4eviy5

Or call in (audio only)

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

Phone Conference ID: 781 627 103#