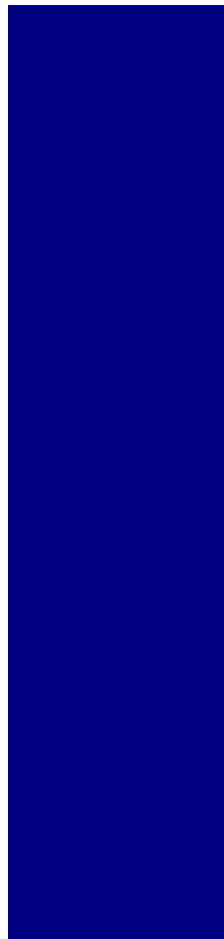


## FACILITY AFTER-ACTION REPORT / IMPROVEMENT PLAN

|                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Facility Name</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Exercise Name</b> | <b>Connecticut Long Term Care Mutual Aid Plan (LTC-MAP), 2022 Full-Scale Exercises: All Members Participated as Disaster Struck Facilities (DSFs) with Cross-State Coordination</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Exercise Date</b> | <ul style="list-style-type: none"><li><input type="checkbox"/> <b>Region 2, Monday, October 24, 2022</b></li><li><input type="checkbox"/> <b>Region 5, Tuesday, October 25, 2022</b></li><li><input type="checkbox"/> <b>Region 1, Wednesday, October 26, 2022</b></li><li><input type="checkbox"/> <b>Region 4, Thursday, October 27, 2022</b></li><li><input type="checkbox"/> <b>Region 3, Friday, October 28, 2022</b></li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>Scope</b>         | <p>These Full-Scale Exercises were planned for October 24-28, 2022, for all Connecticut Long-Term Care Mutual Aid Plan (LTC-MAP) Facilities. Exercise play is limited to the scope of this exercise.</p> <p>In this year's exercise, all CT LTC-MAP members participated as Disaster-Struck Facilities that were impacted by a natural disaster. Resident Accepting Facilities were simulated by the exercise facilitator during the exercises. This allowed members the opportunity to test not only elements of the LTC-MAP, but also their own internal emergency plans, as well. Components of LTC-MAP and internal plans that were tested include:</p> <ul style="list-style-type: none"><li>• Activation of facility command centers.</li><li>• Reporting operational status.</li><li>• Completion of Transportation Evacuation Surveys.</li><li>• Activation and setup of internal holding areas.</li><li>• Matching resident's categories of care to available Resident Accepting Facility beds.</li><li>• Submission of the "Resident / Medical Record / Staff / Equipment" tracking sheet to the email address provided.</li></ul> |



While the evacuation of the Disaster Struck Facilities (DSFs) generally will be notional, all members received a request to complete their Transportation Evacuation Survey using real information from their current censuses. Members were also 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 used this opportunity to test internal evacuation plans and equipment.

The LTC Coordinating Centers that supported these exercises were from Massachusetts. This is the second time that we have had cross-jurisdiction LTC Coordinating Center support of the CT LTC-MAP exercises. Their exercise objectives included:

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

All participating plan members were expected to complete a Facility After Action Report and Improvement Plan 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

|                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                 |                                                                                                                                                                                         |                                                                                                                                                                                               |                                                                                                                                                                                              |                                                                                                                                                                                      |                                                          |                                                                                                  |                                                                                                                                        |                                                                                            |               |
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| <b>Threat or Hazard</b>                                                                                                                                                                         | <p><u>Activity 3</u>: Communicate with Health Care Providers, Non-Clinical Staff, Patients (Residents), and Visitors during an Emergency</p> <p><b>HCPR Capability 3</b>: Continuity of Health Care Services Delivery<br/> <u>Objective 6</u>: Plan for and Coordinate Health Care Evacuation and Relocation<br/> <u>Activity 1</u>: Develop and Implement Evacuation and Relocation Plans<br/> <u>Activity 2</u>: Develop and Implement Evacuation Transportation Plans</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                 |                                                                                                                                                                                         |                                                                                                                                                                                               |                                                                                                                                                                                              |                                                                                                                                                                                      |                                                          |                                                                                                  |                                                                                                                                        |                                                                                            |               |
| <b>Scenario</b>                                                                                                                                                                                 | <p>Hurricane</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 tropical storm coming up the coast in the next 72 hours, all CT LTC-MAP members are forced to evacuate their facilities and communities.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                 |                                                                                                                                                                                         |                                                                                                                                                                                               |                                                                                                                                                                                              |                                                                                                                                                                                      |                                                          |                                                                                                  |                                                                                                                                        |                                                                                            |               |
| <b>Sponsor</b>                                                                                                                                                                                  | <p><b>Connecticut Long Term Care Mutual Aid Plan (LTC-MAP)</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                 |                                                                                                                                                                                         |                                                                                                                                                                                               |                                                                                                                                                                                              |                                                                                                                                                                                      |                                                          |                                                                                                  |                                                                                                                                        |                                                                                            |               |
| <b>Participating Organizations</b>                                                                                                                                                              | <table border="1" style="width: 100%; border-collapse: collapse;"> <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 &amp; Public Protection (DESPP), Division of Emergency Management &amp; 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 |
| 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.         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                 |                                                                                                                                                                                         |                                                                                                                                                                                               |                                                                                                                                                                                              |                                                                                                                                                                                      |                                                          |                                                                                                  |                                                                                                                                        |                                                                                            |               |
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| Disaster Struck Facilities – All CT LTC-MAP plan members                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                 |                                                                                                                                                                                         |                                                                                                                                                                                               |                                                                                                                                                                                              |                                                                                                                                                                                      |                                                          |                                                                                                  |                                                                                                                                        |                                                                                            |               |
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| Connecticut Department of Emergency Services & Public Protection (DESPP), Division of Emergency Management & Homeland Security (DEMHS)                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                 |                                                                                                                                                                                         |                                                                                                                                                                                               |                                                                                                                                                                                              |                                                                                                                                                                                      |                                                          |                                                                                                  |                                                                                                                                        |                                                                                            |               |
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| Jensen Hughes                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                 |                                                                                                                                                                                         |                                                                                                                                                                                               |                                                                                                                                                                                              |                                                                                                                                                                                      |                                                          |                                                                                                  |                                                                                                                                        |                                                                                            |               |

**Points of  
Contact**

**Connecticut Association of Health Care Facilities (CAHCF) POC:**

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## ANALYSIS OF CORE CAPABILITIES

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

|                                                                                                              |                                          |
|--------------------------------------------------------------------------------------------------------------|------------------------------------------|
| <b>H CPR Capability 2, Objective 3, Activity 1</b>                                                           |                                          |
| Did your leadership team review the needs of vendor support during the exercise? e.g., Transportation Vendor |                                          |
| What vendors would you need to contact during this scenario? Where is their contact information located?     |                                          |
| Strengths:                                                                                                   | Areas for Improvement:                   |
| <br><br><br><br><br><br><br><br><br><br>                                                                     | <br><br><br><br><br><br><br><br><br><br> |
| Other Comments:                                                                                              |                                          |
| <br><br><br><br><br><br><br><br><br><br>                                                                     |                                          |

|                                                                                                                                                                                                                                 |                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| <b>HCPR Capability 3, Objective 6 Activity 2</b>                                                                                                                                                                                |                        |
| Did you determine the transportation needs of the full census of the building at the time of the exercise by completing Transportation Evacuation Survey and post the results in the transportation tab on the LTC-MAP website? |                        |
| Did you activate and set up internal holding areas to prepare residents for movement?                                                                                                                                           |                        |
| Where was the holding area established and why was this area chosen?                                                                                                                                                            |                        |
| Where is your Transportation Staging Area? (The area where any incoming Ambulance and Wheelchair Vans will stage)                                                                                                               |                        |
| Was the Resident / MR / Staff / Equipment Tracking Sheet Form properly filled out by staff?                                                                                                                                     |                        |
| Did your facility experience any trouble while completing the Resident Emergency Evacuation Forms as well as determine proper placement for the mock resident via mock Resident Accepting Facilities (RAFs)?                    |                        |
| Strengths:                                                                                                                                                                                                                      | Areas for Improvement: |
| Other Comments:                                                                                                                                                                                                                 |                        |

|                                                                                                                                                                       |                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| <b>HCPR Capability 3, Objective 6 Activity 1</b>                                                                                                                      |                        |
| Did your staff demonstrate effective response and evacuation coordination by DSF personnel using the Incident Command System (ICS) and Community Partner involvement? |                        |
| Did your staff demonstrate the ability to match categories of care of mock residents to provided Resident Accepting Facilities?                                       |                        |
| Strengths:                                                                                                                                                            | Areas for Improvement: |
| Other Comments:                                                                                                                                                       |                        |

|                                                                                                                                                                                                     |                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| <b>HCPR Capability 2, Objective 2 Activity 3</b>                                                                                                                                                    |                        |
| What redundant communication systems are in place at your facility (e.g., landline telephone, cellular telephone, text, e-mail, fax, other 2-way communications).                                   |                        |
| Who conducted the online emergency reporting and what other members within the facility know how to complete emergency reporting on the LTC-MAP website should the primary person not be available? |                        |
| How will you transfer your resident's Medical Records to the Resident Accepting Facilities (RAFs)?                                                                                                  |                        |
| What is your process to track staff and residents as they leave the building?                                                                                                                       |                        |
| Strengths:                                                                                                                                                                                          | Areas for Improvement: |
|                                                                                                                                                                                                     |                        |
| Other Comments:                                                                                                                                                                                     |                        |
|                                                                                                                                                                                                     |                        |



| General Comments / Observations |
|---------------------------------|
|                                 |
|                                 |
|                                 |



## Primary Areas for Improvement

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

| Primary Areas for Improvement identified during this exercise                                                 | Action Plan for Improvement:                                                                                                                                       | Responsible                    | Projected Completion Date |
|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------------|
| <i>EXAMPLE: We determined that we don't have air conditioning in 100% of our building while on Generator.</i> | <ol style="list-style-type: none"> <li>1. Develop options to add air conditioning to our alternate power source.</li> <li>2. Develop contingency plans.</li> </ol> | <i>Director of Maintenance</i> | <i>12/31/2021</i>         |
|                                                                                                               |                                                                                                                                                                    |                                |                           |
|                                                                                                               |                                                                                                                                                                    |                                |                           |
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