

Connecticut Long Term Care Mutual Aid Plan Orientation Session (MAP 101) March 2024



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AGENDA

- Recent LTC-MAP Activations
- Plan Review / Critical Plan Elements
 - Actions of a Disaster Struck Facility (DSF)
 - Actions of a Resident Accepting Facility (RAF)
 - LTC-MAP Duty Officer
 - LTC Coordinating Center Operations
- Healthcare Emergency Operations Plan (EOP)
 - HVA, NHICS, FBE & Surge/Influx Plans
- The LTC-MAP Website
 - Facility Planning Data
 - Reporting Your Status



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Working together

(1)

History of the LTC-MAP and Activations

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History of the LTC-MAP

Central New York, early 1980's

- Nursing home fire in Rochester, NY
- Initial fire response was good
- Significant fire, smoke and water damage to facility...
- Facility evacuation (slow out)
- *That when things fell apart...*
- Afterwards... **the first LTC-MAP formed in the County**



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Recent Southern New England Mutual Aid Plan Activations

The importance of active LTC-MAP members

Learning from experiences in:

- + **Oct/Nov 2011:** "Halloween Storm" - Snowstorm / Power Failure
- + **Oct/Nov 2012: Superstorm Sandy**
- + **February 2016: "The Valentine's Day Freeze"**
 - Mystic, CT - 31 residents evacuated - burst pipe.
 - Dorchester, MA - 121 Bed facility at risk for evacuation - burst pipe with loss of heat and water.
 - Sunderland, MA - 56 Bed facility with a burst pipe forces internal transfer of residents.
 - Beverly, MA - 14 residents evacuated - burst pipe.



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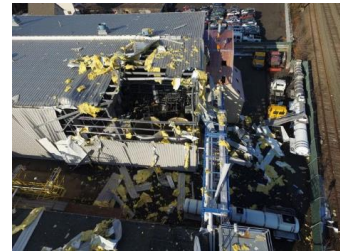
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Recent Southern New England Mutual Aid Plan Activations

The importance of active LTC-MAP members

Learning from experiences in:

- + **December 2016:** New Haven, CT - Natural gas explosion at chemical plant next to LTC facility
- + **March 2017:** New Haven, CT – Evacuation of 177 Residents to 17 Facilities due to a burst sprinkler pipe above the electrical panel room
- + **November 2018:** Woodbridge, CT – Evacuation of 60 residents due to internal flooding
- + **January 2019:** Newport, RI - Evacuation of 87 residents due loss of heat / natural gas
- + **July 2019:** East Hampton, CT - Evacuation of 49 residents due to fire and water damage



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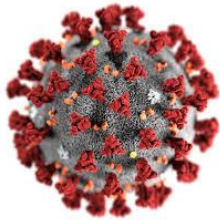
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Recent Southern New England Mutual Aid Plan Activations

The importance of active LTC-MAP members

Learning from experiences in:

- + **March 2020:** Pandemic, COVID-19 – Statewide daily reporting for Operational Issues, Outbreak, Staffing, PPE
- + **August 2020:** Tropical Storm Isaias – Statewide reporting for power outage situational awareness.
- + **February 2021:** Wolcott, CT – Evacuation of 57 residents due to internal flooding
- + **October 2022:** Windsor Locks, CT – Evacuation of 34 residents due to internal flooding



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Working together

(2)

Overview of the Mutual Aid Plan

- + Plan Review / Critical Plan Elements
- + Actions of a Disaster Struck Facility (DSF)
- + Actions of a Resident Accepting Facility (RAF)
- + LTC-MAP Duty Officer
- + LTC Coordinating Center Operations

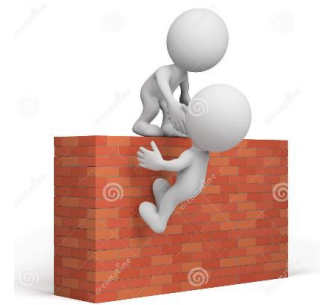
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WHAT IS THE PURPOSE OF THE LTC-MAP?

Similar to mutual aid between police and fire departments, the plan allows long term care facilities and communities to assist each other in an emergency.

- + Reduces impact on local emergency services
- + Reduces impact on hospitals
- + Reduces impact on residents and families



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LTC-MAP STAKEHOLDERS WHY ARE WE SO SUCCESSFUL?

- + Member facilities: 311
 - 203 Nursing Homes
 - 38 Continuing Care Retirement Communities (CCRCs)
 - 108 Assisted Living Communities
- + Hospitals (ACHs / LTACs)
- + Fire / Private EMS / Law Enforcement
- + State (DEMHS) and Local Emergency Management
- + Suppliers / Vendors
- + State (CT DPH) and Local Public Health
- + Regional ESF#8s (Health & Medical Groups)
- + CT Health Care Coalition (HCC)

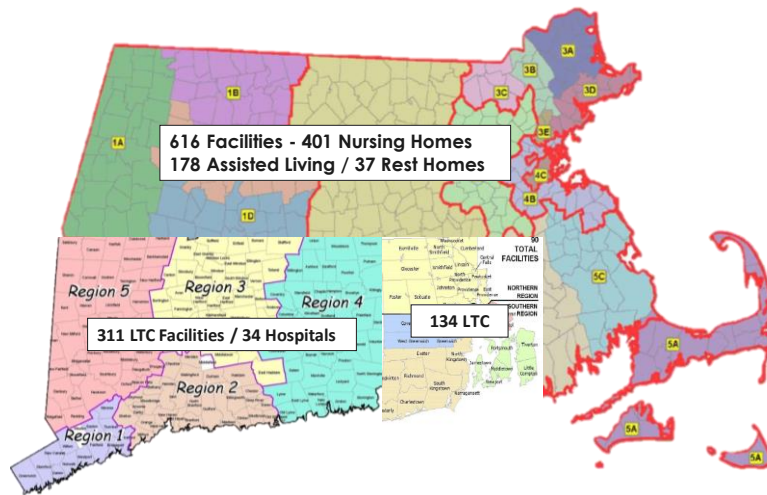


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SOUTHERN NEW ENGLAND MUTUAL AID PLAN



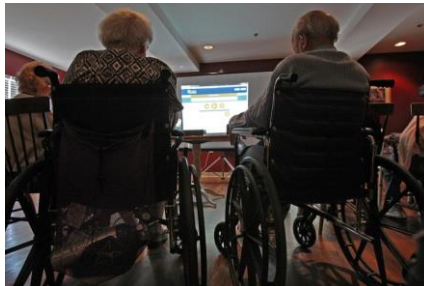
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WHAT IS THE LTC-MAP?

- + Identified needs and provision of **supplies / equipment / pharmaceuticals**
- + Assist with **transportation** of supplies / staff / equipment and residents that are relocated
- + Provide **staffing** support
- + Place and support the care of **evacuated residents**



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PLAN OBJECTIVES AND SCOPE

- + Voluntary Agreement – assist in time of disaster
- + Annex to Comprehensive Emergency Management Plan for municipalities
- + *Three disaster methodologies...*



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SCENARIO-BASED FOCUS

- + **Scenario 1:** Single Facility / Isolated Incident
 - Shelter-in-Place
 - Evacuation
- + **Scenario 2:** Single Facility / Local or Area-wide Incident (ice storm, hurricane)
- + **Scenario 3:** Multiple Facilities / Statewide or Regional Incident



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MEMBER RESPONSIBILITIES

- + Complete Emergency Reporting when activated
 - And when requested (ex. daily during COVID-19)
- + Attend the Annual Education Conference (Spring)
- + Participate in Annual Full-Scale Exercise (Fall)
- + Use plan forms for resident tracking
- + Level of care / Like for like evacuation
 - Categories of Care / LTC Beds
- + Surge is a process and is not mandatory
 - Plan for 10% over maximum census



LTC-MAP BINDER INDEX

Connecticut Long Term Care Mutual Aid Plan (LTC-MAP) for Evacuation and Resource/Asset Support

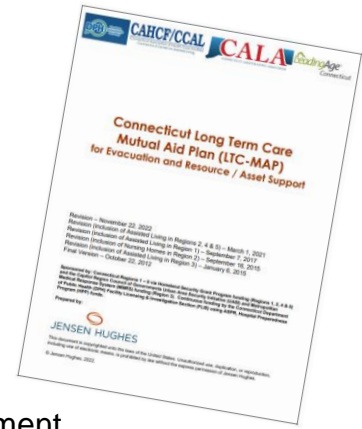
This plan has been created by RPA, a Jensen Hughes Company in partnership with the Connecticut Department of Public Health, Capitol Region Council of Governments, Connecticut Association of Health Care Facilities, LeadingAge Connecticut, Connecticut Assisted Living Association, Emergency Support Function 8, the long-term care provider community, the DESPP Division of Homeland Security and Emergency Management, local Emergency Management Agencies, local and state Public Health, local Fire Service, and the Emergency Medical Services in Connecticut.

1. ALGORITHMS (by Region)
2. OVERVIEW <ul style="list-style-type: none"> • PLAN OBJECTIVE • SCOPE & RESPONSIBILITIES OF PLAN MEMBERS
3. ACTIONS OF: <ul style="list-style-type: none"> • DISASTER STRUCK FACILITY (DSF)/BORROWER • RESIDENT ACCEPTING FACILITY (RAF)/LENDER
4. PLAN ACTIVATION & COMMUNICATIONS
5. TRANSPORTATION OF RESIDENTS
6. MEDICAL RECORDS AND RESIDENT INFORMATION <ul style="list-style-type: none"> • MEDICAL RECORDS & MEDICATIONS (Going With Resident) • MEDICATION TRANSFER PROTOCOLS • RESIDENT IDENTIFICATION & TRACKING
7. STAFF, PHARMACEUTICALS, SUPPLIES, AND EQUIPMENT (In Need of and Transportation of)
8. APPENDIX - MEMORANDUM OF UNDERSTANDING (MOU) <ul style="list-style-type: none"> • INCLUDING DEFINITION OF TERMS / GLOSSARY
9. APPENDIX - FACILITY OVERVIEW (ALPHABETICAL) <ul style="list-style-type: none"> • ADDRESS & PHONE NUMBERS • BEDS / APTS & SURGE CAPACITY NUMBERS • STOP OVER POINTS • VEHICLES • EVACUATION SITES (HEALTHCARE FACILITIES)
10. APPENDIX - LTC RESIDENT CARE CATEGORIES
11. APPENDIX - CONTACTS <ul style="list-style-type: none"> • LTC COORDINATING CENTERS AND OVERALL EMERGENCY ACTIVATION PHONE NUMBERS • FACILITY EMERGENCY CONTACTS • LOCAL AND REGIONAL PLANNING CONTACTS

12. APPENDIX - TRANSPORTATION SURVEY & TOOL <ul style="list-style-type: none"> • AGGREGATE SURVEY RESULTS • TRANSPORTATION EVACUATION SURVEY TOOL
13. APPENDIX - FORMS <ul style="list-style-type: none"> • RESIDENT EMERGENCY EVACUATION FORM • RESIDENT MR/STAFF/EQUIPMENT TRACKING SHEET • INFLUX OF RESIDENTS LOG • CONTROLLED SUBSTANCES RECEIVING LOG • LTC TRACKING BOARD • RESOURCE REQUEST FORM
14. APPENDIX - VENDORS
15. APPENDIX - INFLUX / SURGE GUIDELINES <ul style="list-style-type: none"> • INFLUX OF RESIDENTS / SURGE GUIDELINES • CONSENT AGREEMENT (CT DPH)
TOOL: SAMPLE STOP OVER POINT AGREEMENT & TOOLS (NOW UNDER DOCUMENTS TAB AT www.mutualaidplan.org) - ONCE LOGGED IN)

LTC-MAP PLAN BINDER COMPONENTS

- + Key Components: Sections I – VIII
 - Section I: Algorithms (1.1 – 1.6)
 - Section II: Overview
 - Section III: Actions of Members
 - Disaster Struck Facility (DSF)
 - Resident Accepting Facility (RAF)
 - Section IV: Activation / Communications
 - Section V: Transportation
 - Section VI: Medical Records & Resident Information
 - Section VII: Staff, Pharmaceuticals, Supplies & Equipment
 - Section VIII: Memorandum of Understanding (MOU)



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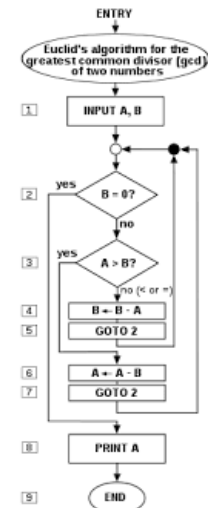
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SECTION I ALGORITHMS

Activation & Operations (1.1 – 1.6)

- + “Shelter In Place” - In need of resources / assets
- + “Facility Evacuation”
- + Evacuation Decision-Making Guide
- + Actions of Resident Accepting Facility (RAF)
- + Alert Notification Messages
- + Expanding Beyond the Region
 - Statewide / Southern New England LTC-MAP



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**“FACILITY EVACUATION”
EVENT OCCURS REQUIRING EVACUATION (RESIDENT LIFE SAFETY IS PRIORITY)**

INITIAL ACTIONS

Disaster Struck Facility:

1. Call 911 for emergency services (or the local Public Safety Answering Point (PSAP)).
2. Make internal disaster notification, activate facility Command Center (**required** if requesting assistance), and complete Incident Action Plan (IAP).
3. Review situational status and Algorithm 1.3 “Evacuation Decision-Making Guide” – complete a transportation needs for evacuation survey.
4. Notify the CT LTC-MAP Duty Officer at **860-207-9270** or Backup Duty Officer (Contact info available at logged in site www.mutualaidplan.org/ct).
 - a. Notify CMED 24/7 at **860-769-6051** to activate Region 3 Healthcare Facilities & Critical Partners via the Everbridge notification system.
 - b. Notify Reg. Integrated Coord. System (RICS) at **860-832-3477** to activate LTC Coord. Ctr./Manchester EOC. Once activated **860-647-5696**.
 - c. Activate the Emergency Reporting System at www.mutualaidplan.org/ct.
5. Notify your private transportation contract company (Ambulance/Wheelchair Capable Vehicles) of the situation.
6. Notify DPH for the reportable event at <https://dphfireevents.ct.gov/>, and call **860-509-8000** to reach the DPH Duty Officer.
7. Assign a Liaison Officer to communicate with EMS/Fire re: resident placement and transportation needs.
8. Assign a Liaison Officer to the designated EOC / LTC Coordinating Center location for coordination of equipment, resident placement, etc.

Local PSAP / 911:

1. Recommend notification to the Local Emergency Manager and Local Public Health Official.

LTC Coordinating Center (once active):

1. Verify the Local Emergency Manager, Regional ESF 8, and Regional DEMHS Coordinator are aware of the incident.
2. Verify the LTC-MAP responders are responding to the LTC Coordinating Center, as applicable, to support communication and coordination with member facilities (team may respond centrally, work remotely, or receive a notification only with no actions required).

All Regional Plan Members (Resident Accepting Facilities (RAFs) / Lending Facilities):

1. **On activation:** Report Operational Issues, Open Beds & Available Transportation via Emergency Reporting System (ERS) at (www.mutualaidplan.org/ct); and provide other info as requested.
2. Follow actions as outlined in Algorithm 1.4 – Resident Accepting Facilities (RAFs)/Lending Facilities Actions.

SECTION III: ACTIONS OF DISASTER STRUCK FACILITY

Disaster Struck Facility (DSF)

- + 911 or Local Public Safety Answering Point (PSAP)
- + Internal Notifications / Activation of Command Center
- + **NOTIFY: The CT LTC-MAP Duty Officer**
 - ACTIVATION: Notify regional communications center to activate the Healthcare Facilities & Critical Partners via Everbridge Notification System
 - NOTIFY: The LTC Coordinating Center facility
 - ACTIVATION: Emergency Reporting System at www.mutualaidplan.org/ct
- + Sheltering in Place or Prepare for Evacuation

SECTION III: ACTIONS OF RESIDENT ACCEPTING FACILITY

Resident Accepting Facility (RAF)

- + Prepare to receive residents
 - Open Beds / Apartments vs. Surge Area
 - Beds / Apartments with Confirmed Admissions may be held open
- + Complete Emergency Reporting at www.mutualaidplan.org/ct
- + Complete the **Tracking Sheet** or **Influx of Residents Log** as residents arrive
- + Confirm with Disaster Struck Facility or LTC Coordinating Center that the residents have been received - **“CLOSE THE LOOP”**
- + Start a new chart for each resident
- + If Lender: Prepare to provide requested Supplies, Equipment, Staff, etc.



SECTION III: ACTIONS OF RESIDENT ACCEPTING FACILITY

Residents under care of a Resident Accepting Facility (RAF)

- + Residents to be returned and accepted at Disaster Struck Facility (DSF) at the end of the disaster – **Communicate with Disaster Struck Facility**
- + All service/care plans returned and copies of anything done while at the Resident Accepting Facility (RAF)
- + Communications: Assistance with Family / Primary Physician
- + **NO MARKETING TO EVACUATED RESIDENTS**



SECTION III: ACTIONS OF RESIDENT ACCEPTING FACILITY

What happens when that call comes at 2:00 am?

- + Anyone who might answer the phone:
 - Basic knowledge that there is a Mutual Aid Plan
 - Name of the person calling, facility, contact number and *issue or request*
 - **DON'T HANG UP ON THE AUTOMATED MESSAGE**
 - Inform the facility / community “On Call Person” ASAP

MAP MutualAidPlan.org

SECTION III: ACTIONS OF RESIDENT ACCEPTING FACILITY

What happens when that call comes at 2:00 am?

- + Nursing Supervisor or Designee:
 - Immediate analysis of open beds / apartments
 - Activate internal emergency notifications
 - Complete Emergency Reporting at www.mutualaidplan.org/ct
 - **Evacuation:** Prepare to receiving incoming residents
 - **Resource & Asset Request:** Prepare to provide staff, equipment, supplies or transportation
 - Call in the driver



CT LTC-MAP DUTY OFFICER (860) 207-9270

- + LTC-MAP Steering Committee Volunteers
- + **24/7 Resource** for plan members and partners
- + ***First contact to a Disaster Struck Facility (DSF)***
- + ***Activates the LTC-MAP Emergency Reporting system***
- + Communicates with the Steering Committee / Responders
- + ***Assist standing up the LTC Coordinating Center (as needed)***
- + Primary contact for key partners and other agencies



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LONG TERM CARE (LTC) COORDINATING CENTERS

- + Region 1: Lord Chamberlain, Stratford
- + ***Region 2: Masonicare Health Center, Wallingford***
- + ***Region 3: Regional Coordinating Center, Manchester***
- + Region 4: Complete Care Groton Regency, Groton
- + Region 5: Complete Care Glendale, Naugatuck



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THE LTC COORDINATING CENTER / “AIR TRAFFIC CONTROL”

- + Staffed by Mutual Aid Plan volunteers
- + Assist with resident placement
 - Find the “Open Beds/Apartments”
- + Support resident tracking
 - **“Close The Loop”**
- + Assist with staff, supplies and equipment needs requests
- + Assist with coordination of resident transportation
- + Support interaction with local and state agencies



Ensure all members are accounted for!

THE LTC COORDINATING CENTER / “AIR TRAFFIC CONTROL”

Facilities Grouped for Tracking

- + **Group 1:** Reported No Issues (no actions taken / not called)
- + **Group 2:** Reported Issues (communicated with between 1-2 times daily for situation updates and resource needs)
- + **Group 3:** Did Not Report – Considered “at risk” until communicated with
 - ***Drains resources when the facility is “OK” and did not report***

 Report Status

SECTION IV: COMMUNICATIONS

- + Everbridge Alert Notification System
 - Email
 - Text Messaging
 - Phone calls
- + Mutual Aid Plan (LTC-MAP) Email Notification
 - Monthly bulletins, updates, Duty Officer contact information
- + Full Communications Failure
 - Internal / External
 - Runners / Hand delivered written communication



SECTION V: TRANSPORTATION / EVACUATION SURVEY

- + Disaster Struck Facility will provide:
 - Total # requiring Ambulance Transport (BLS vs. ALS)
 - Total # requiring Wheelchair Van/Bus – Transfer to another facility
 - Total # for Standard Ground Transport (Ambulatory) – Transfer to another facility
 - Discharge to Home:
 - Total Wheelchair Van/Bus Residents
 - Total for Standard Ground Transport (Ambulatory)
 - Total # requiring bariatric transport (Non-ambulatory and >350/400lbs vs. > 500lbs for EMS)

TRANSPORTATION / EVACUATION SURVEY (EXAMPLE)

My Facility
Transportation and Evacuation Survey

• Facility = "Wilton Meadows Health Care Center & The Greens at Cannondale"

Facility Type / Area	Total Patients	CCT	CCT - NICU	CCT - PICU	CCT - Bariatric	ALS	ALS - Bariatric	BLS	BLS - Bariatric	Chair Car / Wheelchair	Chair Car / Wheelchair - Bariatric	Normal Means - Bus / Car	Continuous O ₂	Vent	Medical Equipment	Dementia Secured
Totals:	278	0	0	0	0	0	0	0	0	165	0	113	12	0	4	112
Nursing Home	148	0	0	0	0	0	0	0	0	129	0	19	10	0	4	65
1st story	83	0	0	0	0	0	0	0	0	74	0	9	8	0	2	0
2nd story	65	0	0	0	0	0	0	0	0	55	0	10	2	0	2	65
Assisted Living	130	0	0	0	0	0	0	0	0	36	0	94	2	0	0	47
The Greens at Cannondale	130	0	0	0	0	0	0	0	0	36	0	94	2	0	0	47

- + Transportation Evacuation Tool – Results: 104 TOTAL Residents
 - 0: BLS (Stretcher)
 - 165: Chair Car / Wheelchair Vehicle (limited assist)
 - 113: Ambulatory
 - 12: Continuous Oxygen
 - 112: Dementia Secured

SECTION V: TRANSPORTATION RESOURCES

- + CT LTC-MAP Members (Facilities / Communities) Owned Transportation Assets:
 - 389 Vehicles
 - CAPACITY: 3,044 Residents
 - 2,645 Seats
 - 399 Wheelchairs



EVACUATION DAY



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REPATRIATION DAY



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SECTION VI: RECORDS, MEDS, IDENTIFICATION / TRACKING

- + 100% - Facility Issued Wristbands (Name, DOB, MR#)
- + 100% - Resident Emergency Evacuation Form
- + Active Chart (If possible):
 - Face Sheet
 - Physician Orders
 - History & Physical
 - MAR (Medication Admin Record)
 - TAR (Treatment Admin Record)
 - Care Plan
 - Current Nursing & Therapy Notes
 - Resident Photo
- + Resident / MR / Staff / Equipment Tracking Sheet
- + DNR Bracelets / DNR Transfer Sheets



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SECTION VI: GO-KIT / BOX / BAG

- + Trash bags or other *waterproof containers* for residents Active Chart and basic personal belongings
- + **Residents Emergency Evacuation Forms (150% of beds)**
- + **Resident / Medical Record / Staff / Equipment Tracking sheets (33% of beds)**
- + **Influx of Resident forms (5-10)**
- + Wrist bands with blank labels (all residents)
- + Permanent markers & other writing materials
- + Other materials as directed by your Emergency Operations Plan (Disaster Plan)



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SECTION VII: STAFF / PHARMACEUTICALS / SUPPLIES / EQUIPMENT

+Supplies / Equipment

- 1st - Request to Facility Vendors
- 2nd - Vendors listed in LTC-MAP
- 3rd - Local EOC / Emergency Manager
- 4th - Other facilities in Region and outside of Region / State (other LTC-MAPs)
 - Through the LTC Coordinating Center to coordinate



SECTION VII: STAFF / PHARMACEUTICALS / SUPPLIES / EQUIPMENT

+Staffing

–Emergency Credentialing (Just-in-Time)

- Facility ID
- Picture ID
- Sign-in / Sign-out at Facility
- Responsible Party – Assigned to
- Orientation – Briefing
- Background Checks
 - OIG and State (DPH/DSS) Exclusion List
 - State Licensure List
 - Sex Offender Registry
 - State Police Background Check



SECTION VIII: MEMORANDUM OF UNDERSTANDING

- + Memorandum of Understanding (MOU) – signed by all LTC-MAP Member Facilities / Communities
 - General Principles of Understanding
 - Process for addressing sharing of supplies, equipment, pharmaceuticals, transportation and staff
 - Provides resident transfer agreements with all LTC-MAP members (NHs & ALs)
 - Payer Process: No Discharge / No Admit, 30 Day Sheltering process (NHs Only)



SECTION XIII: APPENDIX - FORMS

- + Documentation:
 - Resident Emergency Evacuation Form
 - Resident / Medical Record, Staff & Equipment “Tracking Sheet”
 - Influx of Residents Log
 - Controlled Substances Receiving Log
 - Pharmaceuticals / Equipment / Supplies Request Form

Important
FORMS

INFLUX OF RESIDENTS LOG

CONNECTICUT INFLUX OF RESIDENTS LOG

RECEIVING FACILITY INSTRUCTIONS: COMPLETE AND MATCH AGAINST RESIDENT/MEDICAL RECORD/STAFF/EQUIPMENT TRACKING SHEET

Resident	Sending Facility (Facility Received From)	Contact Information (New Date & Time Contacting)	Received with Resident (Check off that apply)	Time/Date Arrived	TIME OF Discharge (If Distributor (S))
Name: _____ MR or Tracking #: _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F DOB: ____/____/____		Family Contact: _____ Tel: (____) _____ Date/Time: _____ Physician: _____ Tel: (____) _____ Date/Time: _____	<input type="checkbox"/> Chart <input type="checkbox"/> Meds <input type="checkbox"/> MMR <input type="checkbox"/> Equipment <input type="checkbox"/> Physician <input type="checkbox"/> Staff (Name): _____		
Name: _____ MR or Tracking #: _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F DOB: ____/____/____		Family Contact: _____ Tel: (____) _____ Date/Time: _____ Physician: _____ Tel: (____) _____ Date/Time: _____	<input type="checkbox"/> Chart <input type="checkbox"/> Meds <input type="checkbox"/> MMR <input type="checkbox"/> Equipment <input type="checkbox"/> Physician <input type="checkbox"/> Staff (Name): _____		
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Name: _____ MR or Tracking #: _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F DOB: ____/____/____		Family Contact: _____ Tel: (____) _____ Date/Time: _____ Physician: _____ Tel: (____) _____ Date/Time: _____	<input type="checkbox"/> Chart <input type="checkbox"/> Meds <input type="checkbox"/> MMR <input type="checkbox"/> Equipment <input type="checkbox"/> Physician <input type="checkbox"/> Staff (Name): _____		

Special Notes: _____

Receiving Facility Name: _____ City: _____ State: _____
 Person Completing Form: _____ Time Completed: _____
 Did you communicate receipt of resident with the LTC Coordinating Center or Disaster Struck (Sending Facility)? Yes, No (If No, please do so now)
 Print Name of Primary Contact: _____ Phone: _____ Fax: _____

Top Copy - Fax to Sending Facility Middle Copy - EMS / Transportation Bottom Copy - Retain Fax Copy to LTC Coordinating Center Page ____ of ____

Groupings of Residents Received

SECTION XIV: APPENDIX – VENDORS (STATEWIDE)

- +47 Emergency Clean-Up & Reconstruction companies
- +86 Fuel companies
- +55 Food companies
- +40 Generator companies
- +45 Medical supply companies
- +29 Potable water companies



VENDORS

Emergency Clean-up and Reconstruction					
American Integrity Restoration (AIR)	60 Village Place	Glastonbury	CT	(860) 657-2100	(866) FIR-E770
Crystal Restoration Services	3 Duke Place	Norwalk	CT	(800) 442-7978	(800) 442-7978
JP Maguire	266 Brookside Road	Waterbury	CT	(800) 233-8220	(877) 576-2484
Servpro Industries, Inc	801 Industrial Blvd	Gallatin	TN	(800) 530-2707	(800) 530-2707
Food					
ACE Endico	80 International Boulevard	Brewster	NY	(212) 517-3035	(914) 347-3131
Bimbo Bakeries	9 Freedom Way	Niantic	CT	(860) 691-1180	
Care -Tech Group	1123 McDonald Ave.	Brooklyn	NY	(718) 338-2129	
FreshPoint	105 Reserve Road	Hartford	CT	(860) 522-2226	(860) 522-2226
Garellick Farms	1199 West Central Street	Franklin	MA	(800) 343-4982	(800) 343-4982
Guida Milk & Ice Cream CO	433 Park Street	New Britain	CT	(860) 224-2404	(860) 224-2404
Healthcare Services Group	3220 Tillman Drive Suite 300	Bensalem	PA	(800) 257-7858	(800) 257-7858
HPC Foodservice	625 Nutmeg Rd North P O Box 1228	South Windsor	CT	(800) 883-9800	
Performance Food Group/Roma Food Service	1 Performance Blvd	Springfield	MA	(800) 388-0257	
Pinnacle Dietary	50 Jeanne Drive	Newburgh	NY	(845) 926-3345	
SYSCO Foods	100 Inwood Road	Rocky Hill	CT	(800) 385-5610	(800) 385-5610
The Hartford Provision company	625 Nutmeg Road North P.O. Box 1228	South Windsor	CT	(800) 883-9800	(203) 710-3608

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(3)



Working together

Healthcare Emergency Operations Plan (EOP)

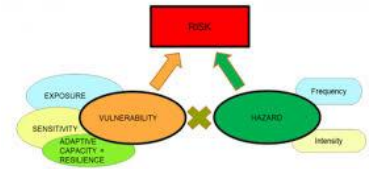
- + Annual Hazard Vulnerability Analysis (HVA)
- + Nursing Home Incident Command System (NHICS)
- + Full Building Evacuation Planning
- + Influx of Residents / Surge Capacity Guidelines

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FACILITY MUST BE READY INTERNALLY

- + Hazard Vulnerability Analysis (HVA)
- + Incident Command System (NHICS)
- + Facility Specific Emergency Operations Plan (EOP)
 - Disaster-specific response plans
 - Resources & Assets for 72 – 96 hours
- + Full Building Evacuation (FBE) Plan
 - Gets your residents to the sidewalk
- + Influx of Residents (Census Reduction / Rapid Discharge Plan / Surge Capacity Plan)



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HAZARD VULNERABILITY ANALYSIS (HVA)

XYZ FACILITY NAME										
Hazard Vulnerability Assessment								RISK	PROBABILITY	SEVERITY
NATURAL HAZARDS								#DIV/0!	#DIV/0!	#DIV/0!
HAZARD	PROBABILITY (0-4)	SEVERITY						Relative Risk	Comments	
		IMPACT			MITIGATION					
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE			
		Possibility of death or injury	Physical losses and damages	Interruption of services	Preplanning	Time, effectiveness, resources	Community/ Mutual Aid staff and supplies			
Avalanche										
Blizzard										
Coastal Tsunami / Erosion										
Dam Failure										
Drought										
Dust / Sand Storm										
Earthquake										
Flooding (External)										
Damaging Winds										
Hail Storm										
Hurricane										
Infection Disease (SARS, Flu, etc)										
Landslide										
Severe Thunderstorm										

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EVACUATION OF A HEALTHCARE FACILITY



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IT COULD BE MORE DANGEROUS...



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FACILITY MUST BE READY INTERNALLY

- + Long Term Care evacuations are extended incidents (slow-out)
- + Evacuation plans are just one piece of a comprehensive *Emergency Operations Plan (EOP)*
- + ***Emergency services are a resource...do not make them your plan***



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SCENE SIZE-UP

- + Disaster Struck Facility (DSF)
 - Who: Contact name and phone number
 - What: What is the issue
 - When: Window of time
 - Where: Facility information
 - Why: Reason
 - How: ???



COMPONENTS OF A FULL BUILDING EVACUATION (FBE) PLAN

1. Activation of Plan
 - *Facility Command Center and Labor (Staff) Pool*
2. Establishment of Internal *Holding Areas*
3. Resident Preparation on Floors / Units
 - Marking of Resident Rooms (evacuated)
 - Prioritization of Move (Low acuity to high acuity)
4. Coordination of Transportation
5. Determine Receiving Sites (or Stop Over Point)
6. Resident Tracking (internal and external)

VERTICAL EVACUATION METHODS

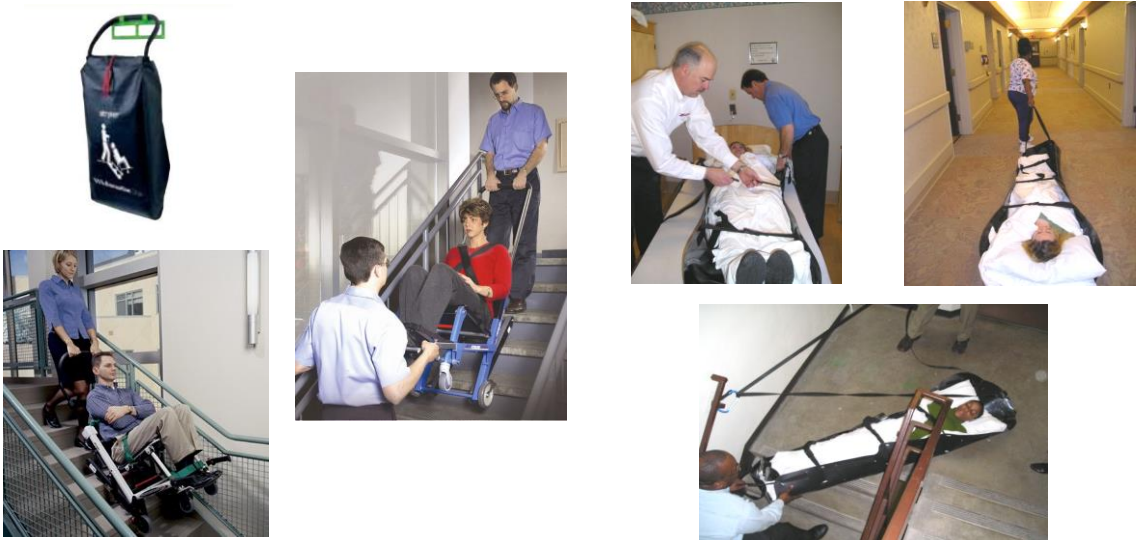


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VERTICAL EVACUATION METHODS

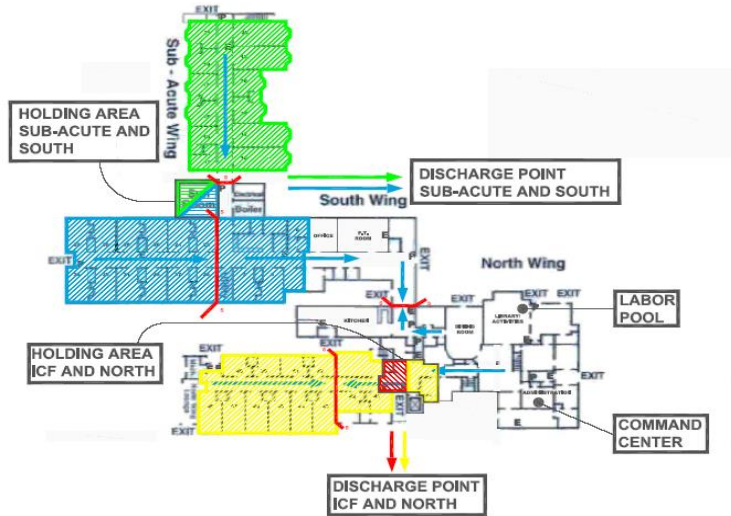


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FULL BUILDING EVACUATION (FBE) – FLOOR PLAN LAYOUT (EXAMPLE)



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FULL BUILDING EVACUATION (FBE) PLAN – AERIAL VIEW (EXAMPLE)

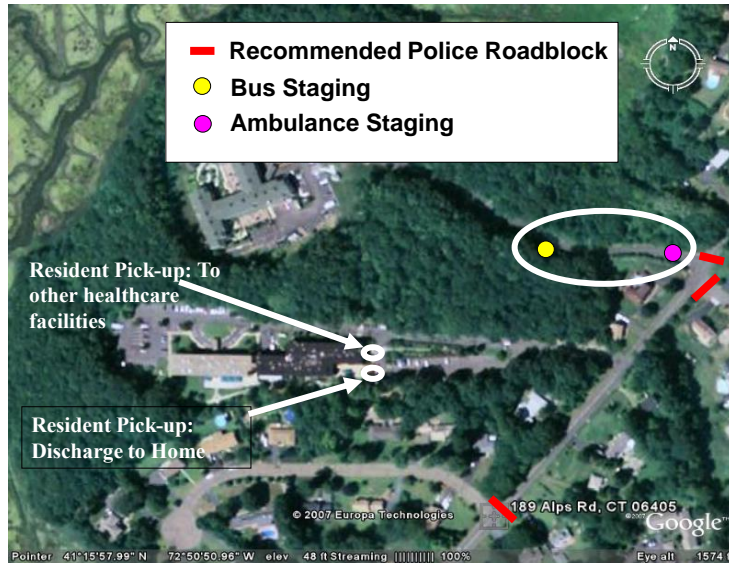


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FULL BUILDING EVACUATION (FBE) PLAN – AERIAL VIEW (EXAMPLE)

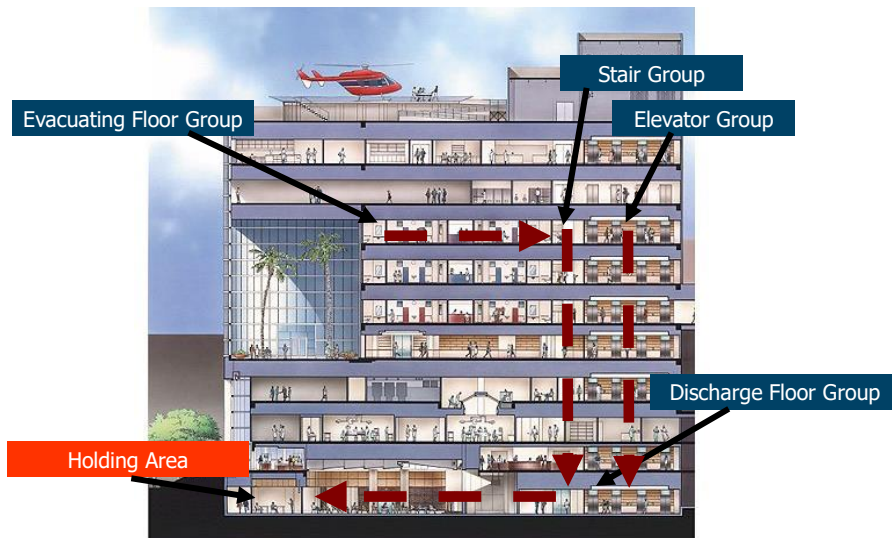


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FULL BUILDING EVACUATION (FBE) GROUPS



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INFLUX OF RESIDENTS / SURGE GUIDELINES

- +Staffing - Internal
 - Do you need to call in additional staff? How many?
- +Staffing - External
 - What is the facility sending to you?
- +Supplies
 - Baseline inventory for extended sustainability
 - Food service
 - Clinical
 - Housekeeping / Laundry
 - Maintenance – Beds, Mattresses, Privacy Screens

INFLUX / SURGE PREPARATION

- +Communications
 - Process for resident's families
 - Process for Fire Marshal and other local notifications
- +Triage
 - Pre-designate a triage location
 - Pre-assign "positions"
 - Nursing: Triage / Resident Care
 - Social Work: Support
 - Administration: Tracking / Documentation



INFLUX / SURGE PREPARATION

+Surge Area

- Pre-set areas for surge
 - Activity Rooms
 - Lounges
 - Dining Rooms (outside of main dining area)
 - Auditoriums
 - Meeting Rooms
 - Residents Rooms (ability to expand)
 - Rehab / Therapy Rooms (lower on list!!!)
- Pre-set area layout
 - See floorplan (coming pages)



OPTIONS FOR INCREASING CAPACITY

+Open (vacant) rooms

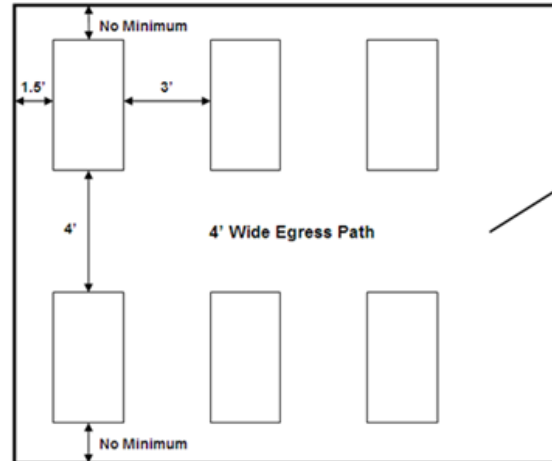
+Transform non-sleeping areas into temporary shelter areas

- Areas served with emergency power for residents with critical medical equipment
- Fire rated door to the hallway / corridor

+Expand existing resident room capacity

ROOM EXPANSION

- +Rule of thumb:
 - 13' room depth: expand to 2nd bed
 - Factor: Bathroom door swing and how it affects the room
 - 19' room depth: expand to 3rd bed



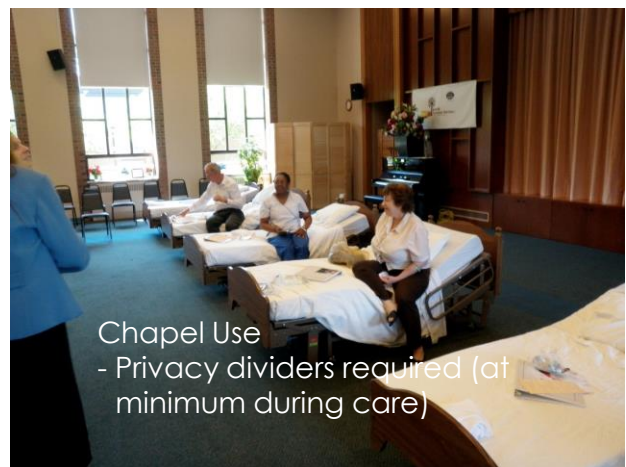
Sample Layout #1

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SURGING BEYOND CAPACITY



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EMERGENT SITUATIONS THAT MAY REQUIRE SURGE RESPONSE

- + Immediate sheltering of persons is needed
 - May include an isolated, single facility evacuation
- + Regional event - multiple facility evacuations
- + Situations affecting infrastructure and transportation routes
 - Extended travel is unsafe due to road conditions and/or weather conditions
- + Limited transportation resources
 - Transportation resources (including EMS) are overwhelmed and transport over ~20 minutes not feasible

(4)



Working together

Web-Based Management System / LTC-MAP Website

- + Website Review
- + Emergency Reporting System (ERS)
- + Facility Planning Data
- + LTC Coordinating Center Dashboard

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The LTC-MAP Website www.mutualaidplan.org/ct

▶ Andy McGuire Sign Out | Profile **May 2023 Duty Officer**
 Brian Gudelski
 Work: (860) 207-9270
 Cell: (860) 207-9270
 Email

MutualAidPlan.org
 JOIN CT LTC-MAP RESPONDERS

Activate Plan Status Normal

MAP Plan Administration My Facilities Documents Reports Contact Us Notification Only

CT LTC-MAP > Plan Info

Welcome to the Connecticut Hospital and Long Term Care Mutual Aid Plan Facility Information Website

Connecticut Long Term Care Mutual Aid Plan (LTC-MAP) Contacts:

CT LTC-MAP Duty Officer:

For Plan Activations: (860) 207-9270

For general support call or email at ctdutyofficer@mutualaidplan.org

Administrative & Operational Contact:

For Billing questions call CAHCF at (860) 290-9424

For Usernames, passwords and requesting membership call Jensen Hughes, 860-793-8600 or by email at info@mutualaidplan.org

For annual education sessions, exercise information and plan operational questions.

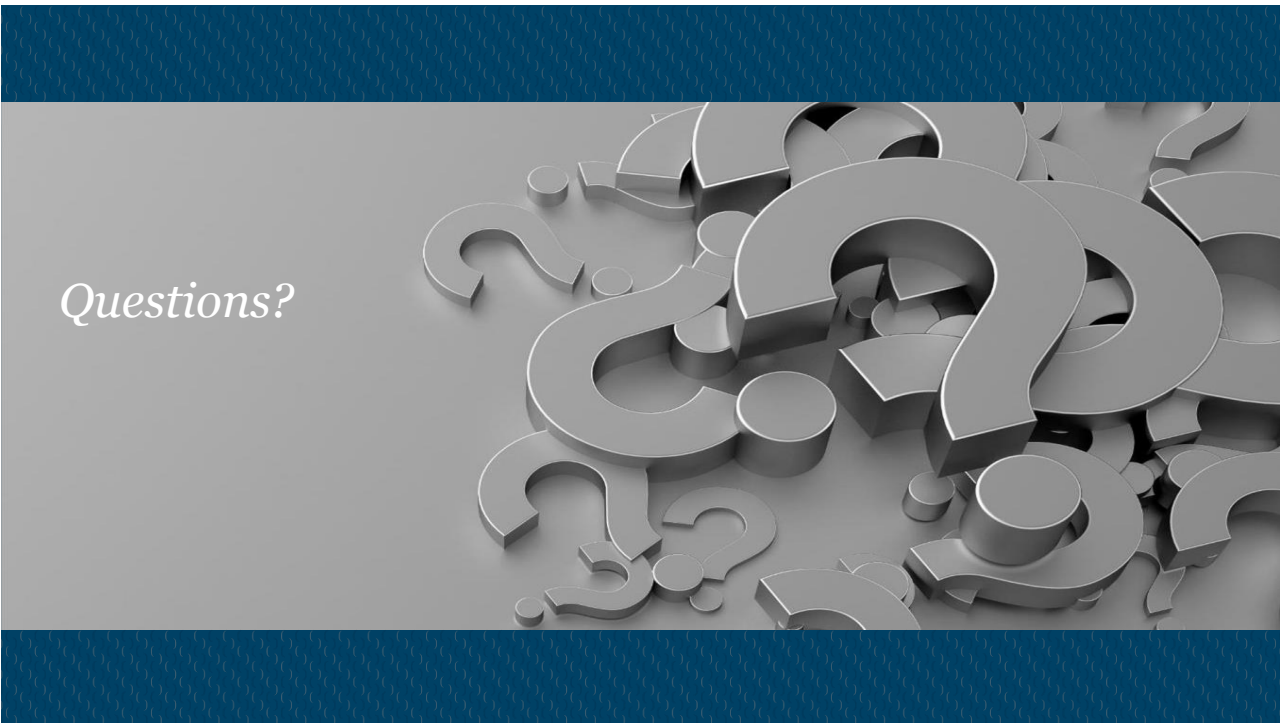
Documents

- 2023 Annual Education Conference Registration - 2023 Annual Education Conference
- COVID-19 Documents
 - CT DPH Blast Faxes, Memos & Guidance Documents
 - CT Governor Executive Orders (EOs)
 - Webex & Conf Call Recordings / FAQs
 - CMS & CDC Guidances
 - Staffing Strategies & Resources
 - CT LTC-MAP COVID-19 Quick Guide
 - Completing Emergency Reporting 2020.06.29

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