**Legend**

**DEMHS** – CT DESPP, Division of Emergency Management & Homeland Security

**DPH** – Connecticut Department of Public Health

**DSF** – Disaster Struck Facility

**EMS** – Emergency Medical Services

**EOC** –Emergency Operations Center

**ESF 8** –Emergency Support Function 8 (Health & Medical Services)

**LTC Coordinating Center** – Long-term care volunteer group coordinating the LTC-MAP

**LTC-MAP** – Long Term Care Mutual Aid Plan

**RAF** – Resident Accepting Facility

**“SHELTER IN PLACE”**

**FACILITY IN NEED OF RESOURCES & ASSETS**

**NON-MEDICAL NEEDS**

* Work through the LTC Coordinating Center for notification of all unmet non-medical needs. The DSF and/or LTC Coordinating Center will work with local Emergency Management (usually through ESF 8). This includes generators, HVAC units, transportation, etc.
* LTC Coordinating Center may work with other organizations and LTC-MAP members via phone, fax, e-mail, other communication, regional Alert Notification Systems, and [www.mutualaidplan.org/ct](http://www.mutualaidplan.org/ct) to identify available resources.

**STAFFING NEEDS**

1. Conduct staff callbacks within your facility and secure staff critical to your operations.
2. Call your facility’s staffing personnel vendors (e.g., Nurse relief teams, staffing agencies).
3. Work with the LTC Coordinating Center to secure staff from other LTC-MAP member facilities.
4. Work with Regional ESF 8 to activate the Medical Reserve Corps (MRC) to request volunteer medical staff and/or non-medical staff.
5. Work with local Emergency Management (usually via ESF 8) to address non-medical staff needs (e.g., damage assessment or communications team).

NOTES:

1. DSF or LTC Coordinating Center: Send by fax or email a staff request form to other facilities to use as identification for staff at police roadblocks. If from another healthcare facility, ensure they have their facility ID and one other form of acceptable identification (access may still be denied).
2. Communicate with other groups to inform them of staff access needs.

**TRANSPORTATION NEEDS FOR INCOMING SUPPLIES**

1. Work with the local Emergency Management (usually via ESF 8) to secure transportation resources.
2. If they are overwhelmed by the complexity or magnitude of the disaster, all requests will be coordinated through the LTC Coordinating Center who will in turn work with the appropriate group to coordinate resources.
   1. Transportation help may be secured from facilities within your LTC-MAP for box trucks or other transportation vehicles that may be available.
   2. Request may be filled from outside of the region based on the magnitude of the incident.

**INITIAL ACTIONS**

**Disaster Struck Facility:**

1. Consider calling 911 or notify local agencies through the Public Safety Answering Point (PSAP), to request resource support.
2. Make internal disaster notification, activate facility Command Center (**required** if requesting assistance), and complete Incident Action Plan (IAP).
3. Review situational status and, if necessary, consider evacuation: See Algorithm 1.3 “Evacuation Decision-Making Guide”.
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](http://www.mutualaidplan.org/ct)).
   1. Activate the Emergency Reporting System at [www.mutualaidplan.org/ct](http://www.mutualaidplan.org/ct).
5. Notify DPH for the reportable event at <https://dphflisevents.ct.gov/> and call **860-509-8000** to reach the DPH Duty Officer.
6. Consider assigning a Liaison Officer to report to the local EOC (or LTC Coordinating Center) to assist in resource coordination if applicable.

**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](http://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.

**MEDICAL NEEDS**

* Work through the LTC Coordinating Center for all unmet medical needs. The DSF and/or LTC Coordinating Center will work with the local ESF 8. This includes staff, supplies, pharmaceuticals, and medical equipment.
* LTC Coordinating Center works with other organizations and LTC-MAP members via phone, fax, e-mail, other communication, regional Alert Notification Systems, and [www.mutualaidplan.org/ct](http://www.mutualaidplan.org/ct) to identify available resources.

**SUPPLIES AND EQUIPMENT NEEDS**

1. Call your facility’s suppliers.
2. Consider other vendors in the LTC-MAP via the [www.mutualaidplan.org/ct](http://www.mutualaidplan.org/ct) (or LTC Coordinating Center).
3. Consider borrowing resources from member facilities in the LTC-MAP.
4. Work with your local Emergency Management (usually via ESF 8) to fulfill other equipment/supply requests.

NOTES:

1. Fax request form to supplier to use as identification at police roadblocks (access may still be denied).
2. Communicate with the appropriate Emergency Management Agency to inform them of supplier access needs.
3. Consider security needs, as necessary, for transportation of pharmaceuticals and supplies.

**“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](http://www.mutualaidplan.org/ct)).
   1. Activate the Emergency Reporting System at [www.mutualaidplan.org/ct](http://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://dphflisevents.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](http://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.

**TRANSPORTATION FOR EVACUEES**

1. On-site scene coordination of transportation resources will be via a unified command (Fire/EMS/Local Emergency Manager/Private Transportation/DSF) – Non-emergency transports of residents will be the primary responsibility for private ambulance / transport groups.
2. DSF will coordinate resident placement with support from the LTC Coordinating Center.
3. LTC-MAP members may be asked to provide transportation vehicles to assist the DSF.

**If** additional non-EMS transportation resources are needed and requests escalate above the capacity of private transportation / local resources:

1. DSF notifies the LTC Coordinating Center.
2. LTC Coordinating Center requests assistance from Fire/EMS and local Emergency Management to mobilize transit agencies and private transportation contractors.

**MULTIPLE FACILITY EVACUATION: RESIDENT TRACKING & COORDINATION**

**Regional ESF 8 / DEMHS Region 3 Coordinator / DPH / LTC Coordinating Center:**

1. Coordinate with each DSF to determine and manage Resident Accepting Facilities (RAFs).
2. Communicate with transportation agencies, and others to coordinate placement of residents within the Region and in other Regions (or states) as necessary.
3. Notify RAFs of the numbers/types of residents they will be receiving.
4. Consider activation of other LTC-MAP members’ Stop Over Points if the receiving facilities are overwhelmed.
5. Consider coordinating a Regional Call Center if the DSF is overwhelmed.
6. See also Algorithm 1.6 for Evacuation – with regional / statewide impact.

**Legend**

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**EVACUATING FACILITY (DSF) ACTIONS / RESIDENT TRACKING**

1. Establish Unified Command with local/on-site Emergency Response Agencies.
2. Slow Evacuation – Consider census reduction, move residents to Stop Over Point OR transfer directly to RAFs:

* \*If an extended period of time is available to evacuate and facility has extensive damage (e.g., will not reopen in short term), efforts will be coordinated with the LTC Coordinating Center, DPH and local members to place all residents in open beds.

1. Fast Evacuation – Move residents to Stop Over Point(s) and subsequently to RAFs:

* Implement census reduction (on-site resident reduction)/rapid discharge plan to minimize number of resident transfers.

1. Resident Tracking- Send Medical Record/Chart and tracking forms (and staff/equipment, as necessary):

* Track residents with *Resident Emergency Evacuation Form, Resident / MR / Staff / Equipment Tracking* sheet (*complete W-10 if time permits*).
* All residents should have a wristband with minimum information (name, etc.).
* Ensure, if EMS is using other resident tracking systems to place stickers on Resident Emergency Evacuation Forms from those tracking tools.
* Evaluate the necessity of transferring controlled substances with residents (or a nurse traveling with residents or in a separate vehicle).
* DSF notifies each resident’s responsible party and physician (utilizing RAF Support and potentially a Regional Call Center if the DSF is overwhelmed).

1. Continuity of Care & Electronic Health Records: Ensure a nurse goes to each RAF to support continuity of care and provide Electronic Health Record access, as necessary.

**SINGLE FACILITY EVACUATION: RESIDENT TRACKING & COORDINATION**

**DSF and Local Emergency Management (usually via ESF 8) and LTC Coordinating Center:**

1. Contact each Resident Accepting Facility –Responsibility of DSF with support from other agencies when available. DPH and LTC Coordinating Center will support this communication as applicable.
2. DSF advises transportation resources of the number and type of residents being sent to which facility and required transport needs. Goal is to use the pre-determined evacuation sites first, if possible, and match against the appropriate Resident Categories of Care for like-to-like care.
   * Must provide transportation resources with the # of residents needing Critical Care Transport, ALS or BLS ambulance, bus, or wheelchair van (in aggregate).
3. Consider activation of an off-site Family Reunification Center for residents qualified for discharge.

**“EVACUATION DECISION-MAKING GUIDE”**

**SHELTER-IN-PLACE OR EVACUATE?**

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

**DISASTER OCCURS**

Follow Immediate Response Procedure &

Call Emergency Agencies.

**DECISION NEEDED**

Shelter-in-Place or Evacuate?

**ASSESSMENTS OF CRITICAL ISSUES**

* + Structure & Utilities
  + Supplies
  + Security of Residents
  + Exterior Environment
  + Time to disaster (impending / immediate)
  + Duration & Scope
  + Weather (occurring now / extended storm projected)
  + Evacuation Destination (is that area impacted)
  + Staffing Needs/Capabilities
  + Transportation
  + Resident Needs

**INCIDENT COMMANDER**

With input from Facility Leadership (Administrator, Director of Nursing & Maintenance Director) and Emergency Agencies, decide if facility will shelter-in-place or evacuate.

Consider future issues that will make evacuation difficult

(e.g., road conditions, flood, downed trees, air contaminants).

**Evacuate**

**Shelter-in-Place**

* + Protect the structures and provide best options to shelter residents and staff.
  + Initiate conservation plans, as necessary.

See Internal Evacuation Plan Algorithm.

Critical Factors

* + Evacuation Destination.
  + Staff, supplies & equipment that will go with residents.
  + Transportation (Transportation assistance for number & type of vehicle).

Full Recovery to Pre-Disaster Conditions.

**Legend**

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**ACTIONS OF RESIDENT ACCEPTING FACILITY (RAF) / LENDER**

**STAFF REQUESTED OR**

**NECESSARY FOR SURGE**

1. Conduct staff callbacks and internally secure staff critical to your operations.
2. Report the details in Emergency Reporting on available staff to redeploy or staff you may need to support an influx of residents.
3. *Staffing Requested:* If a DSF requests staffing support, work through the LTC Coordinating Center to provide resources (or directly with the DSF if directed to do so):
   1. Ensure all staff sent to a DSF have facility ID and information available (from Human Resources) for credentialing/ privileging.
   2. Maintain communications with your staff and document the time they left your building and time at the DSF.
4. *Staff Necessary (to support influx of residents):* It may be necessary to request clinical and non-clinical staff from a DSF or the Medical Reserve Corps (MRC).
   1. If MRC Request: Work with the LTC Coordinating Center and Regional ESF 8 to activate the MRC.
   2. If DSF Request: Work with the LTC Coordinating Center and the DSF to secure their staff.
   3. Ensure a team is in place to sign-in all staff (follow internal emergency credentialing/ privileging protocols) and a staff member assigned to monitor staff.

**INFLUX OF RESIDENTS/SURGE CAPACITY**

1. If requested to receive residents by the LTC Coordinating Center or direct call from the DSF.

1. Activate internal plans to receive residents that are being relocated:
   1. Prepare to initiate Census Reduction (discharging residents that are ready to go home) and *see* ***Influx of Residents/Surge Capacity Plan*** (using the LTC-MAP Guideline)
      1. Additional bed availability in 2-4 hours?
   2. Identify resident intake areas and communicate this information when informed of the # coming.
   3. Request Surge Consent Agreement from DPH, as applicable.
2. Consider bed availability, using open (available) beds vs. surge areas.
3. Assume you will provide all staff and equipment required until the DSF’s staff and equipment arrive (extended time).
4. Review COMMUNICATIONS in *Initial Actions* box. ***Ensure you confirm receipt of residents per established protocols.***
5. Start a new medical record (MR)/chart for each resident and clearly delineate the end point in the existing MR (consider downtime procedures for electronic records).

**INITIAL ACTIONS**

1. REPORTING: Report Operational Issues, Open Beds & Available Transportation via Emergency Reporting System (ERS) at [www.mutualaidplan.org/ct](http://www.mutualaidplan.org/ct); provide other info as requested.
2. PREPARATION: Follow internal plans for notification/activation of key team members.
3. COMMUNICATIONS: If requested to receive residents from a Disaster Struck Facility (DSF), ensure continuous communications with the following groups/agencies:
   * *LTC Coordinating Center:* Confirmation you have been requested to receive residents (if from the DSF directly) and # of residents.
   * *LTC Coordinating Center:* Confirmation when you receive residents, name of resident and what facility they are from (use the Influx of Residents Log).
   * *Local Fire Officials:* Inform them of the situation and the potential need to exceed traditional bed capacity and staffing.
   * *Local Emergency Management (via ESF 8 / Public Health):* Ensure they are aware of the situation and work together to address local needs.
   * *DPH:* Ensure they have received your Surge Consent Agreement (if exceeding licensed beds), if applicable.
   * *DSF:* Verify acuity of residents in advance of receiving and communicate the receipt of residents - ensure open communication with DSF clinicians.
   * *Resident Families/Responsible Party:* Confirm receipt of the resident and the best means of communicating with your facility.
   * *Facility Ombudsman:* Provide updates on residents to support resident rights.

**PROVIDE TRANSPORTATION**

**(if you own a vehicle)**

1. If requested, prepare to provide transportation:

a. Residents: Provide a nurse or CNA and pick-up the residents (if possible) – typically, you will be notified of where to go with your vehicle and then will receive directions at the DSF by the on-scene Transportation Coordinator from EMS or Fire Dept.

b. Staff: Assist in transporting staff from a DSF.

* 1. Equipment/Supplies/ Pharmaceuticals: If you have a pick-up truck, box truck or other vehicle that could support the DSF, please be prepared to provide this vehicle (e.g., movement of cots/beds, personal belongings).

**EQUIPMENT/SUPPLIES/ PHARMACEUTICALS REQUESTED OR NECESSARY FOR SURGE**

1. Assess internal resources to determine capability for 96 hours – 1 week (depending on the disaster).
2. Report the details in Emergency Reporting on available resources you can provide to others or resources you may need for an influx of residents.
3. *Resources Requested:* If a DSF requests resources, work through the LTC Coordinating Center to provide these resources (or directly with the DSF if directed to do so).
   1. Utilize a *Resource Request Form* to track the specific items you are able to send a DSF.
   2. Document (equipment, supplies and pharmaceutical) costs for the item, transportation, and restocking.
4. *Resources Necessary (to support influx of residents)*: It may be necessary to request resources from a DSF, Vendor or the LTC Coordinating Center.
   1. If from a DSF: Log all equipment, supplies and pharmaceuticals coming into your facility. Pharmaceuticals should be logged on the Controlled Substance Receiving Log.
   2. If from a Vendor: Log all resources and extended costs. This may need to be a bill-back to a DSF.
   3. If from the LTC Coordinating Center: This may be connecting you with a group/entity that can provide this resource. Log all resources and extended costs.

**CONNECTICUT LTC-MAP: NOTIFICATION ALGORITHM**

**LTC-MAP Facility requests activation of the LTC-MAP and LTC Coordinating Center**

**(See Algorithm 1.1 or 1.2)**

**Resource & Asset Need or Potential for Evacuation**

***ACTIVATION MESSAGE – PRE-STORM EVENT***

**Due to the impending storm, the Connecticut Department of Public Health and the Long Term Care Mutual Aid Plan requests that you complete emergency reporting at** [www.mutualaidplan.org/ct](http://www.mutualaidplan.org/ct) **by \_\_:\_\_ AM/PM. Report on operational issues, including power status, and open beds at this time.**

Ensure you are taking internal preparatory actions to communicate with your staff and verify adequate supplies for an extended event. All facilities in high impact areas should internally update their TRANSPORTATION EVACUATION SURVEY data located at [www.mutualaidplan.org/ct](http://www.mutualaidplan.org/ct) on their facility Transportation tab to ensure you are prepared to request the resources needed to evacuate your facility.

**Evacuation**

**Call Received by North Central CMED:**

**Actions Below**

***ACTIVATION MESSAGE – SHELTER-IN-PLACE***

An LTC-MAP member facility is experiencing an emergency event and is currently sheltering in place. The Connecticut Department of Public Health and the Long Term Care Mutual Aid Plan requests that you complete emergency reporting at [www.mutualaidplan.org/ct](http://www.mutualaidplan.org/ct) as soon as possible. Report on operational issues, open beds and available transportation vehicles including drivers.

The Long Term Care Mutual Aid Plan is now on alert. You should review bed capacity and identify available resources. You will be contacted by the impacted facility, LTC Coordinating Center, or via an Alert Notification message with additional updates.

**INCIDENT**

**Approaching Storm/Event**

**(Snowstorm/Windstorm)**

**REASON**

**Actions:**

Verify Incident Information (Name and Phone Number of Individual (Duty Officer) Calling, Facility Name, City, Reason for Evacuation or Resource Needs, Census, Imminent or Potential to Evacuate, Actions Requested). Send Alert Notification Message to the Region

***ACTIVATION MESSAGE - EVACUATION***

An LTC-MAP member is evacuating due to an emergency event. The Long Term Care Mutual Aid Plan is now *Activated*. The Connecticut Department of Public Health and the Long Term Care Mutual Aid Plan requests that you complete emergency reporting at [www.mutualaidplan.org/ct](http://www.mutualaidplan.org/ct) as soon as possible. Report on operational issues, open beds and available transportation vehicles including drivers.

Initiate internal actions to prepare to receive evacuating residents. You will be contacted by the evacuating facility, LTC Coordinating Center, or via an Alert Notification message with additional updates.

**STAND DOWN:** Notification Message sent by the *LTC Coordinating Center via e-mail ONLY* – **MESSAGE:** The Connecticut Long Term Care Mutual Aid Plan is standing down as of \_\_\_\_\_\_\_\_ (time) on \_\_\_\_\_\_\_\_\_ (date). We appreciate your support throughout the incident. (Either the message concludes, or additional information will be provided by the LTC Coordinating Center for what the message should include).

**SITUATION WITH REGIONAL / STATEWIDE IMPACT**

**LTC Coordinating Center:**

1. Ensure other responders are either fully activated or sending support staff to backfill the LTC Coordinating Center.
2. Prioritize resource & asset distribution for member facilities, as necessary.
3. For evacuating facilities: prioritize evacuation locations and coordinate resident movement with private transportation resources in a coordinated manner between the LTC Coordinating Center, DSFs, and other agencies, unless informed otherwise.
4. Advise agencies what level of statewide mobilization is recommended for additional resources and assets, EMS units, transportation vehicles, or emergency staff and *via the LTC Coordinating Center. C*onsider activating and putting on “stand-by” the other LTC Coordinating Centers in Connecticut.

**CT Region (1-5) needs have *exceeded* existing regional resources (*incapable* of relocating all residents or coordinating resources & assets)**

**PRIORITY EVACUATION AREAS**

**(see Resident Placement):**

* CT Region 1
* CT Region 2
* CT Region 3
* CT Region 4
* CT Region 3
* Adjacent States as necessary (MA)

**CT Region (1-5) is *stressing* existing regional resources**

**(relocating residents or resources & assets)**

**LTC Coordinating Center (with DPH):**

1. Resources & Assets: coordinate with other LTC Coordinating Centers and through the State EOC ESF 8 desk (Health and Medical Services) for vendor and resource & asset support (from other LTC-MAP members, other regions, state level and/or adjacent states).
2. For evacuating facilities: coordinate with other LTC Coordinating Centers and through the State EOC ESF 8 desk (Health and Medical Services) for:
   1. Prioritization of facility evacuation locations.
   2. Coordination of bed availability and resident placement (See PRIORITY EVACUATION AREAS below).
   3. Coordination support to track resident movement with contracted transportation and/or Fire and EMS agencies.

**Legend**

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