

## 2024 CT LTC-MAP Disaster Struck Facilities (DSFs) Exercise Guide

### Disaster Struck Facilities (DSFs) Conference Calls:

**Dates:** September 3, 2024, or September 5, 2024

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

**(See MS TEAMS Link at end of document)**

Thank you for participating in the upcoming 2024 CT LTC-MAP Annual Exercises. Listed below are the dates of the exercises for each region.

Region 5 – October 21, 2024	(12:00pm-3:30pm)
Region 1 – October 22, 2024	(9:00am-12:30pm)
Region 4 – October 23, 2024	(9:00am-12:30pm)
Region 2 – October 24, 2024	(9:00am-12:30pm)
Region 3 – October 25, 2024	(9:00am-12:30pm)

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

- Review facility surge and/or evacuation plans.
- Stand up Facility Command Centers, with participation from community partners.
- Setup internal surge areas to support the internal movement of mock residents.
- Manage Holding Areas to support the external evacuation of mock residents.
- Utilize Stop Over Points to support the short term fast out evacuation of mock residents.
- Utilize the newly implemented ProtectAdvisr.com website for managing Facility Planning Data and completing Facility Emergency Reporting.

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

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

**Objectives of the Exercise:** Specific exercise objectives can be found in the Exercise Plan, located on the website ([www.mutualaidplan.org/ct](http://www.mutualaidplan.org/ct) and [www.ProtectAdvisr.com](http://www.ProtectAdvisr.com)) in the 2024 Annual Exercises Documents folder.

**ALL FACILITIES ARE REQUESTED TO PARTICIPATE IN THIS EXERCISE.**

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Exercise Day:

Region 5 (Monday)	Regions 1, 4, 2 & 3 (Tuesday – Friday)	Task
11:30 AM	08:30 AM	Neighboring Region Everbridge Message to support the Evacuation by completing Emergency Reporting.
12:00 PM	09:00 AM	<b>START EX:</b> Exercise commences via the Everbridge Alert message.
12:05 PM	09:05 AM	All Regional plan members complete their Emergency Reporting.
12:10 PM	09:10 AM	All Regional plan members establish their Command Centers and review internal actions that must be completed (Complete an Incident Action Plan (IAP) and <i>Transportation Evacuation Survey</i> and enter at <a href="http://www.ProtectAdvisr.com">www.ProtectAdvisr.com</a> ).
12:20 PM	09:20 AM	Mock Resident Accepting Facilities / Communities (RAF) will be sent out via LTC-MAP Notification Email. These are <b>NOT REAL</b> CT LTC-MAP members. Each DSF will determine proper placement for their mock residents based on the bed availability of the mock RAFs, as well as the categories of care they can accommodate.
12:30 PM	09:30 AM	<b>Conference Call.</b> All Region members join a Conference Call / MS TEAMS Meeting for a Situational Briefing. <b>Links and Dial-in instructions will be sent on the day of your exercise.</b>
12:45 PM	09:45 AM	DSFs prepare to send residents: <ul style="list-style-type: none"> <li>• Establish internal surge area</li> <li>• Establish holding area</li> <li>• Physically move mock resident(s) to surge and/or holding areas (factoring in multi-level facilities where applicable).</li> <li>• Establish Stop Over Point</li> </ul>
12:50 PM	09:50 AM	DSFs each fill out Resident Emergency Evacuation Forms using true clinical information from residents with <i>fake names</i> . Each DSF will fill out 10% of their licensed beds, up to twenty (20) <i>Resident Emergency Evacuation Forms</i> . <b>Please note:</b> You can print these forms from <a href="http://www.mutualaidplan.org/ct">www.mutualaidplan.org/ct</a> and <a href="http://www.ProtectAdvisr.com">www.ProtectAdvisr.com</a> in the 2024 Annual Exercises Documents folder. Please save your printed triplicate forms for use in real-world disasters.

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1:00 PM	10:00 AM	<p>With list of <b>Mock RAFs</b>, DSF is to fill out <i>Resident/Medical Record/Staff/Equipment Tracking Sheet(s)</i> and determine placement of mock residents for those evacuating to RAFs.</p> <ul style="list-style-type: none"> <li>• Review how to prepare the residents.</li> <li>• Review staffing levels pertaining to the evacuation.</li> <li>• Review pickup locations of arriving transportation.</li> </ul>
1:30 PM	10:30 AM	<p>DSFs determine recovery efforts, complete inject 3 along with:</p> <ul style="list-style-type: none"> <li>• Contacting vendors for supplies, equipment, and restoration.</li> <li>• Message to family / media.</li> </ul>
2:30 PM	11:30 AM	<b>END EX:</b> Exercise concludes via an Everbridge Alert message.
2:45 PM	11:45 AM	All exercise participants to join the Hot Wash/Conference Call via MS Teams.

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### Pre-Exercise Assignments: (Complete by Friday, October 11, 2024)

1. Review appropriate emergency plans; the contents of your Facility Emergency Operations Plan (EOP) and CT LTC-MAP binder.
2. Go to the LTC-MAP website, [www.ProtectAdvisr.com](http://www.ProtectAdvisr.com), and log in to your facility. Review the following tabs and be sure they are up to date:
  - **Contacts information:**
    - Email address, office, cell, and home numbers for (*at a minimum*):
      - Administrator/Executive Director
      - Director of Nursing/Resident Care Director
      - Maintenance Director / Plant Operations
    - \* ***In order to receive the e-mail injects on the day of the exercise we need to have your contact information listed.***
  - LTC Beds & Categories of Care:
    - Update your Categories of Care and information about the number of residents in dementia-secured units (*if applicable*).
  - Evacuation Sites & Stop Over Point:
    - List your Top 10 evacuation sites (cross-reference with categories of care) and at least one Stop Over Point.
  - Vendors:
    - Update all your vendors, as needed.

### Full-Scale Exercise Definition

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

Please review (below) the elements of the CT LTC-MAP 2024 full-scale exercise that reference the above definition of FSEs.

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

1. **Mock Residents:** This year, it is the responsibility of each DSF to arrange for volunteer mock residents (5-10 people) to be at its facility for the functional portion of the exercise. ***We recommend using off-shift staff, regular volunteers at your facility, or residents' family members as mock residents.*** The mock residents will be moved internally from their unit to an internal Surge Area, Holding Area for evacuation or evacuated to your Stop Over Point. The purpose is to determine proper Surge Area setup, Holding Area location, setup, and simulated evacuation flow, and Evacuation out to your Stop Over Point.

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

**IMPORTANT NOTE: IN THIS YEAR'S EXERCISE, EACH FACILITY HAS THE OPTION TO EXERCISE ANY COMBINATION OF THE FOLLOWING:**

- Internal evacuation to Surge Area(s)
  - External Evacuation to mock RAFs via Holding Area
  - External Evacuation to a Stop Over Point
2. **Evaluators:** Have one or two evaluators (staff member, local emergency manager, fire department/EMS representative, or other) within the Holding Area and the Command Center and have them evaluate the process of preparing residents to evacuate as well as any communication that takes place internally and with external agencies. Exercise Evaluation Guides (EEGs) will be at [www.ProtectAdvisr.com](http://www.ProtectAdvisr.com) in the 2024 Annual Exercises Documents folder.
  3. **Transportation Evacuation Survey:** During the exercise days, all CT LTC-MAP members will be requested to conduct an internal *Transportation Evacuation Survey*. This helps local fire departments and emergency medical services, transportation companies, and others understand the transportation needs of your residents. To assist with this, we recommend downloading the *Instructions - Transportation Evacuation Survey* at [www.ProtectAdvisr.com](http://www.ProtectAdvisr.com) in the 2024 Annual Exercises Documents folder.
  4. **Emergency Reporting:** On the day of the exercise, complete Emergency Reporting at [www.ProtectAdvisr.com](http://www.ProtectAdvisr.com) within 30 minutes of receiving the Everbridge alert message. Use this as a training opportunity. Complete with your

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leadership team. The goal is for all members of your leadership team know how to complete Emergency Reporting. ***Since all members are DSFs, the emergency reporting must reference WHY you are evacuating.*** This can be based on potential real-world problems/issues that may arise at your facility / community should an internal flood occur. What could force you to evacuate? Examples: roof damage with flooding, other structural damage, flooding of Electrical Room with transfer switch damage, etc.

5. **Activate your Facility Command Center:** On the day of the exercise:
  - a. Assemble your team.
  - b. Simulate communications with the appropriate external agencies as appropriate.

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

6. **Establish your Surge Area and/or Holding Area:** Fully set up the area where you would relocate residents internally and/or hold residents as they prepare to evacuate the facility. Identify the staffing and equipment necessary to support this area. The objectives for this area are to:
  - a. Clinically assess residents before evacuation.
  - b. Review all medical records/forms/personal belongings.
  - c. Identify:
    - i. Medical diagnoses
    - ii. Current medications and last dose
    - iii. Allergies
    - iv. Mental status
    - v. Mobility
    - vi. Special precautions
  - d. Medical Records: Review process on how you would provide medical records (either paper or electronic), depending on the facility to which they will go (e.g., can you transfer electronic records to other facilities within your parent company vs. those that are not?). Walk through this process to ensure your clinical team is clear on how you would accomplish this.
7. **Relocate Mock Residents to Internal Surge Area and/or Holding Area:** Determine the process of getting the residents to the internal surge area and/or holding area, factoring in mobility, dementia residents, the vertical movement for facilities over two stories, etc. Each mock resident should be run through the activities described in #6 when they arrive in the Internal Surge Area and/or Holding Area.

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8. **Emergency Operations Plan (EOP) and Mutual Aid Plan Binder:** Ensure you have one hard copy of your Facility Emergency Operations Plan (EOP) and the Mutual Aid Plan Binder in your facility Command Center.
  - a. Education should take place internally on the Plan for leadership positions and those who could answer incoming calls. Be sure to maintain documentation of this as annual training, as required by the CMS Emergency Preparedness Rule.
9. **Community Involvement:** To be CMS compliant, you need to involve your community partners. Invite them **now** to your building for the day of your exercise to observe and/or serve as an evaluator. This includes the fire department, local emergency manager, local public health, and EMS. Please document this process throughout, including ensuring that all community partners sign in.

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

10. **Inject Responses:** All inject responses will be submitted via the ProtectAdvisr facility emergency reporting system questionnaires. We will NOT be requiring facilities to send in any documentation via e-mail this year.
11. **Facility After Action Report (AAR):** After the exercise, all CT LTC-MAP members will complete their own After-Action Report. **In order to be compliant with the CMS Emergency Preparedness Rule, facilities will need to complete the Jensen Hughes provided facility AAR template.** The objective of the AAR is to take lessons learned from the exercise and to incorporate them into and improve your Emergency Operations Plan (EOP). The AAR template will be provided by Jensen Hughes on [www.ProtectAdvisr.com](http://www.ProtectAdvisr.com) in the 2024 Annual Exercises Documents folder.

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

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

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

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

### Microsoft Teams Meeting

[Join the meeting now](#)

Meeting ID: 293 029 538 312

Passcode: 3HXtP7

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### Dial in by phone

[\(833\) 827-2563,675286795#](#) United States (Toll-free)

Phone conference ID: 675 286 795#