

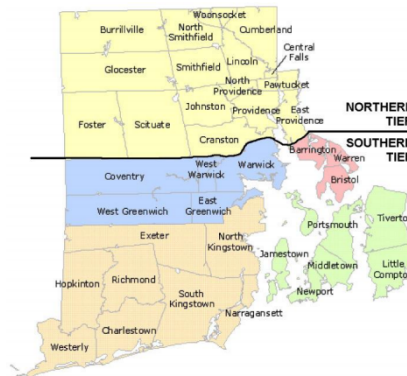


Rhode Island Long-Term Care Mutual Aid Plan
2019 Full-Scale Exercises (ExPlan)

Rhode Island

Long Term Care Mutual Aid Plan (LTC-MAP)

2019 Full-Scale Exercises



Exercise Plan

Southern Region – June 18, 2019 (1:00pm – 4:45pm)
Northern Region – June 19, 2019 (9:00am – 12:45pm)

Date: June 11, 2019



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Rhode Island Long-Term Care Mutual Aid Plan 2019 Full-Scale Exercises (ExPlan)

PREFACE

This full-scale exercise has been designed for the Rhode Island Long Term Care Mutual Aid Plan (LTC-MAP), a subgroup of the Healthcare Coalition of Rhode Island (HCRI), and was developed through a contract between Rhode Island Department of Health (RIDOH) and RPA, a Jensen Hughes Company. RPA, a Jensen Hughes Company, has produced the materials for the exercise, including this Exercise Plan (ExPlan), which follows guidance set forth in the U.S. Department of Homeland Security (DHS) Homeland Security Exercise and Evaluation Program (HSEEP).

This ExPlan gives officials, observers, media personnel, and exercise participants the necessary information to ensure both that the exercise is appropriately conducted, and that exercise play aligns with established policies and expectations. The information in this document is current as of the date of publication and is subject to change at any time at the discretion of RIDOH or RPA, a Jensen Hughes Company.

This exercise centers on each member of the LTC-MAP being a simulated Disaster Struck Facility (DSF). Each LTC-MAP region (North and South) will exercise on their assigned date, providing an opportunity for all participating LTC-MAP members to practice and test their internal emergency operations plans, along with components of the LTC-MAP. As an element of this, RPA, a Jensen Hughes Company, HCRI leadership and RIDOH will conduct several onsite visits to LTC-MAP members to ensure all components of the exercise are being fulfilled, as well as to identify best practices and areas of improvement in the LTC-MAP system and members' internal responses.

Rhode Island's LTC-MAP full-scale exercises have been conducted annually since 2013. These exercises serve to promote familiarity of the LTC-MAP system within the long-term care and assisted living communities and to test components and processes of that system.

This exercise may help nursing homes comply with the Centers for Medicare and Medicaid Services (CMS) Conditions of Participation §483.75(m)(2), which require facilities to conduct periodic reviews of their disaster procedures. Conducting and evaluating training, exercises, and real-world events is also a requirement of the Hospital Preparedness Program (HPP), as outlined in the following Health Care Preparedness and Response Capabilities:

Capability 1: Foundation for Health Care and Medical Readiness

Objective 4, Activity 1: Promote Role-Appropriate National Incident Management System Implementation

Objective 4, Activity 2: Educate and Train on Identified Preparedness and Response Gaps

Objective 4, Activity 3: Plan and Conduct Coordinated Exercises with Health Care Coalition Members and Other Response Organizations



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- Objective 4, Activity 4: Align Exercises with Federal Standards and Facility Regulatory and Accreditation Requirements
- Objective 4, Activity 5: Evaluate Exercises and Responses to Emergencies
- Objective 4, Activity 6: Share Leading Practices and Lessons Learned

Conducting and evaluating training and exercises also supports the following as part of the CDC's Public Health Preparedness Capabilities:

Capability 1: Community Preparedness

- Function 4: Coordinate training or guidance to ensure community engagement in preparedness efforts



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HANDLING INSTRUCTIONS

1. The title of this document is the 2019 Rhode Island Long-Term Care Mutual Aid Plan Full-Scale Exercises Exercise Plan (ExPlan).
2. Information gathered in this ExPlan is designated as For Official Use Only (FOUO) and should be handled as sensitive information that is not to be disclosed. This document should be safeguarded, handled, transmitted, and stored in accordance with appropriate security directives. Reproduction of this document, in whole or in part, without prior approval from the RIDOH and RPA, a Jensen Hughes Company, is prohibited.
3. At a minimum, the attached materials will be disseminated strictly on a need-to-know basis and when unattended, will be stored in a locked container or area that offers sufficient protection against theft, compromise, inadvertent access, and unauthorized disclosure.
4. For questions or to request additional information about this exercise, please refer to the exercise points-of-contact list on the following pages.



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EXERCISE OVERVIEW

Exercise Name	Rhode Island Long Term Care Mutual Aid Plan (LTC-MAP) 2019 Full-Scale Exercises
Exercise Dates	Southern Region – June 18, 2019 1:00pm – 4:45pm Northern Region – June 19, 2019 9:00am – 12:45pm
Exercise Scope	<p>In this year’s exercise, all RI Long Term Care Mutual Aid Plan (LTC-MAP) members will participate as Disaster-Struck Facilities that have been impacted by a natural disaster. Resident Accepting Facilities will be simulated by the exercise controllers. This will allow members the opportunity to test not only elements of LTC-MAP, but their own internal emergency plans, as well. Components of LTC-MAP and internal plans that will be tested include:</p> <ul style="list-style-type: none">• Activation of facility/community command centers;• Reporting operational status;• Completion of Transportation Evacuation Surveys;• Development of Incident Command chart with points of contact identified for each ICS position activated;• Completion and submission of census list to HCRI; and• Submission of the “Resident / Medical Record / Staff / Equipment” tracking sheet to HCRI <p>While evacuation of the Disaster-Struck Facilities (DSFs) will be notional, all members will receive a request to complete their Transportation Evacuation Survey (see instructions on how to complete this action by visiting www.mutualaidplan.org/ri using real information from their current census (instructions are available on the right-hand side of the home page (before logging in) under Home Page Documents in the document titled, “Transportation & Evacuation Resource Tool”). Members will also be asked to simulate the evacuation of units or floors using at least five staff members or other volunteers as mock residents. DSF leadership and staff should use this opportunity to test internal evacuation plans and equipment.</p> <p>LTC-MAP members will be asked to submit completed Resident/Medical Record/Staff/Equipment tracking sheets, Incident Command System charts with points of contact identified for each</p>



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ICS position activated, facility/community current-day resident censuses, Transportation Evacuation Surveys, and pictures taken of the exercise. LTC-MAP members will select an RAF from their list of top-ten evacuation sites (found on their LTC-MAP member websites) to which to send their evacuating residents.

In order to support this year’s approach, minimal activity will occur at RIDOH’s Department Operations Center (DOC). Instead, LTC Responders will be activated remotely to follow up with non-responding facilities to support their emergency reporting. Personnel who normally operate in the DOC, specifically RIDOH and HCRI personnel, will visit several facilities during the exercise to observe their internal responses and identify best practices and potential areas for improvement. A representative from RIDOH will be at the DOC to receive all the required documents that are being requested throughout the exercise. To be compliant with this year’s full-scale exercise, all requested documents must be sent to the RPA, a Jensen Hughes Company via e-mail at photos@mutualaidplan.org prior to termination of the exercises. Instructions on how to submit required documents will be provided the day of each exercise.

Please note: Each LTC-MAP member should take three to four photos throughout the exercise to document their activities. Photos can include Command Center layout, community partners onsite, movement of mock residents to holding area, holding area staff/setup, etc. These photos should be sent via e-mail at photos@mutualaidplan.org prior to termination of the exercises.

Mission Area(s)

Response

Health Care Preparedness and Response Capabilities and Public Health Preparedness Capabilities with Associated Objectives or Functions

The capabilities listed below, as identified in the Public Health Preparedness (PHP) Capabilities issued by the Centers for Disease Control and Prevention (CDC) in 2011, as well as the Health Care Preparedness and Response (HCPR) Capabilities, National Guidance for Healthcare System Preparedness, published in November 2016, provide the foundation for development of the exercise objectives and scenario. The purpose of this exercise is to measure and validate performance of the following capabilities and their associated critical tasks:

HCPR Capability 1: Foundation for Health Care and Medical Readiness



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Threat or Hazard

- Objective 2, Activity 2: Assess Regional Health Care Resources
- Objective 2, Activity 4: Assess Community Planning for Children, Pregnant Women, Seniors, Individuals with Access and Functional Needs, People with Disabilities, and Others with Unique Needs
- Objective 4, Activity 1: Promote Role-Appropriate National Incident Management System Implementation

HCPR Capability 2: Health Care and Medical Response Coordination

- Objective 2, Activity 1: Develop Information Sharing Procedures
- Objective 2, Activity 3: Utilize Communications Systems and Platforms
- Objective 3, Activity 1: Identify and Coordinate Resource Needs during an Emergency
- Objective 3, Activity 3: Communicate with Health Care Providers, Non-Clinical Staff, Patients, and Visitors during an Emergency

HCPR Capability 3: Continuity of Health Care Services Delivery

- Objective 2, Activity 1: Develop a Health Care Organization Continuity of Operations Plan
- Objective 6, Activity 1: Develop and Implement Evacuation and Relocation Plans
- Objective 6, Activity 2: Develop and Implement Evacuation Transportation Plans

PHP Capability 3: Emergency Operations Coordination

- Function 2: Activate public health emergency operations

PHP Capability 6: Information Sharing

- Function 3: Exchange information to determine a common operating picture

PHP Capability 10: Medical Surge

- Function 1: Assess the nature and scope of the incident
- Function 2: Support activation of medical surge

Heatwave



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Scenario

Rhode Island is experiencing a heat wave, with temperatures rising to the triple digits, that has been impacting the region over the past five days. Due to the collective power draw from Rhode Islanders trying to remain cool, many areas have been affected by intermittent power outages and surges, forcing the power company to institute rolling brownouts. These issues have caused some LTC-MAP members to lose commercial power and have even adversely impacted generator function. The rising temperatures inside buildings with no commercial or generator power has led to the decision by LTC-MAP members to evacuate their facilities and communities.

Sponsor

Rhode Island Long Term Care Mutual Aid Plan (LTC-MAP)

Funded by: Rhode Island Department of Health (RIDOH) through the Public Health Emergency Preparedness Cooperative Agreement provided by the Centers for Disease Control and Prevention, the Hospital Preparedness Program Cooperative Agreement through the Assistant Secretary for Preparedness and Response, and CMS Civil Monetary Penalty Funds provided through the RI Executive Office of Health and Human Services

Participating Organizations

Participating Agencies and Organizations	
All long-term care facilities and assisted living communities in Rhode Island	
LeadingAge Rhode Island	
Local fire departments, EMS, and emergency management officials	
The Healthcare Coalition of Rhode Island (co-chaired by the Rhode Island Department of Health [RIDOH] and the Hospital Association of Rhode Island [HARI])	
Rhode Island Assisted Living Association	
Rhode Island Health Care Association	
Rhode Island Long-Term Care Ombudsman	
RPA, a Jensen Hughes Company	



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**Points of
Contact**

**Rhode Island Department of Health - Center for Emergency
Preparedness and Response (CEPR) POC:**

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Chief

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GENERAL INFORMATION

Exercise Capabilities and Objectives

The following exercise objectives describe the expected outcomes for the exercise. The objectives are linked to HCPR and PHP capabilities, which are distinct critical elements necessary to achieve the specific mission area(s). The objectives and capabilities are selected by the Exercise Planning Team.

HCPR/PHP Capability	Exercise Objectives
<p>PHP Capability 10: Medical Surge</p> <ul style="list-style-type: none"> Function 1: Assess the nature and scope of the incident <p>HCPR Capability 1: Foundation for Health Care and Medical Readiness</p> <ul style="list-style-type: none"> Objective 4, Activity 1: Promote Role-Appropriate National Incident Management System Implementation 	<ul style="list-style-type: none"> Activate and set up a facility/community command center. Develop an Incident Command System organizational chart, providing points of contact for each ICS position activated. Determine the day’s census and determine the transportation needs of the facility/community at the time of the exercise by completing the Transportation Evacuation Survey.
<p>HCPR Capability 1: Foundation for Health Care and Medical Readiness</p> <ul style="list-style-type: none"> Objective 2, Activity 2: Assess Regional Health Care Resources Objective 2, Activity 4: Assess Community Planning for Children, Pregnant Women, Seniors, Individuals with Access and Functional Needs, People with Disabilities, and Others with Unique Needs 	<ul style="list-style-type: none"> Activate and set up an internal holding area to prepare residents for movement. Demonstrate the ability to track residents by properly completing required documents (“Resident / Medical Record / Staff / Equipment” tracking sheets) Demonstrate effective response and evacuation coordination by DSF personnel through the use of ICS and community partner involvement. Demonstrate the ability to match categories of care of mock residents to RAFs identified in the facility’s plan (LTC-MAP Evac Sites tab).



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<p>HCPR Capability 3: Continuity of Health Care Service Delivery</p> <ul style="list-style-type: none"> • Objective 6, Activity 1: Develop and Implement Evacuation and Relocation Plans • Objective 6, Activity 2: Develop and Implement Evacuation Transportation Plans 	<ul style="list-style-type: none"> • Complete one Resident Tracking Form for at least five residents being transported to a top 10 evacuation site from their LTC-MAP record. • Conduct horizontal and/or vertical evacuation of at least five mock residents to the facility holding area. • Package at least five mock residents for transport, including providing two forms of identification for each resident • Identify the location of a staging area for incoming vehicles, in conjunction with community partners
<p>PHP Capability 3: Emergency Operations Coordination</p> <ul style="list-style-type: none"> • Function 2: Activate public health emergency operations <p>PHP Capability 6: Information Sharing</p> <ul style="list-style-type: none"> • Function 3: Exchange information to determine a common operating picture <p>PHP Capability 10: Medical Surge</p> <ul style="list-style-type: none"> • Function 2: Support activation of medical surge <p>HCPR Capability 2: Health Care and Medical Response Coordination</p> <ul style="list-style-type: none"> • Objective 2, Activity 1: Develop Information Sharing Procedures 	<ul style="list-style-type: none"> • Ensure ongoing communication capability throughout the exercise by employing redundant systems (e.g., landline telephone, cellular telephone, text, e-mail, fax, other 2-way communications, the Rhode Island Health Notification System, and LTC-MAP website). • Ensure that 100% of activated LTC-MAP members complete Emergency Reporting within the timeline established. • Conduct an LTC-MAP-wide conference call for exercise event situational awareness. • Ensure that LTC-MAP members provide ongoing information and situational reports via online emergency reporting system as their internal situations escalate (e.g., <i>inject responses</i>).



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<ul style="list-style-type: none"> • Objective 2, Activity 3: Utilize Communications Systems and Platforms 	
<p>HCPR Capability 2: Health Care and Medical Response Coordination</p> <ul style="list-style-type: none"> • Objective 3, Activity 1: Identify and Coordinate Resource Needs during an Emergency • Objective 3, Activity 3: Communicate with Health Care Providers, Non-Clinical Staff, Patients, and Visitors during an Emergency <p>HCPR Capability 3: Continuity of Health Care Service Delivery</p> <ul style="list-style-type: none"> • Objective 2, Activity 1: Develop a Health Care Organization Continuity of Operations Plan 	<ul style="list-style-type: none"> • Develop messaging to family / media about reopening the building and any actions needed from them • Identify vendors for supplies and equipment that would be needed to bring the facility back operating status

Participant Roles and Responsibilities

The term *participant* encompasses many groups of people, not just those playing in the exercise. Groups of participants involved in the exercise, and their respective roles and responsibilities, are as follows:

- **Players.** Players are personnel who have an active role in discussing or performing their regular roles and responsibilities during the exercise. Players discuss or initiate actions in response to the simulated emergency.
- **Controllers.** Controllers plan and manage exercise play, set up and operate the exercise site, and act in the roles of organizations or individuals that are not playing in the exercise. Controllers direct the pace of the exercise, provide key data to players, and may prompt or initiate certain player actions to ensure exercise continuity. In addition, they issue exercise material to players as required, monitor the exercise timeline, and supervise the safety of all exercise participants.
- **Simulators.** Simulators are control staff personnel who role play nonparticipating organizations or individuals. Simulators function semi-independently under the supervision of the Lead Controller, enacting roles (e.g., media reporters or next of kin)



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in accordance with instructions provided in the Master Scenario Events List (MSEL). All simulators are ultimately accountable to the Exercise Director and Lead Controller.

- **Evaluators.** Evaluators critique and provide feedback on a designated functional area of the exercise. Evaluators observe and document performance against established capability targets and critical tasks, in accordance with the Exercise Evaluation Guides (EEGs). Please note: Evaluators from this year's Full-Scale Exercise should be community partners, corporate office leadership, volunteers, etc.
- **Observers.** Observers visit or view selected segments of the exercise. Observers do not play in the exercise, nor do they perform any control or evaluation functions. Observers view the exercise from a designated observation area and must remain within the observation area during the exercise. Very Important Persons (VIPs) are also observers, but they frequently are grouped separately.
- **Media Personnel.** Some media personnel may be present as observers, pending approval by the sponsor organization and the Exercise Planning Team.
- **Support Staff.** The exercise support staff includes individuals who perform administrative and logistical support tasks during the exercise (e.g., registration, catering).



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Exercise Assumptions and Artificialities

In any exercise, assumptions and artificialities may be necessary to complete play in the time allotted and/or account for logistical limitations. Exercise participants should accept that assumptions and artificialities are inherent in any exercise and should not allow these considerations to negatively impact their participation.

Assumptions

Assumptions constitute the implied factual foundation for the exercise and, as such, are assumed to be present before the exercise starts. The following assumptions apply to the exercise:

- The exercise is conducted in a no-fault learning environment wherein capabilities, plans, systems, and processes will be evaluated.
- Players are familiar with LTC-MAP plans and internal facility/community procedures.
- Deployed resources will exist and be available.
- Exercise players include senior officials, who are empowered to either create a new, or modify existing, facility/community and LTC-MAP policy and procedures, if necessary.
- The exercise scenario is plausible, and events occur as they are presented.
- There are no hidden agendas or trick questions.
- Exercise simulation contains sufficient detail to allow players to react to information and situations as they are presented, but may not include all of the information that will be known by the end, as if the simulated incident were real,
- Participating agencies may need to balance exercise play with real-world emergencies. Real-world emergencies take priority.

Artificialities

During this exercise, the following artificialities apply:

- Exercise communication and coordination is limited to participating exercise organizations, venues, and SimCell, if in play.
- Only communication methods listed in the Communications Plan (Appendix D) below are available for players to use during the exercise.
- The simulation of time passing may be accelerated or slowed as appropriate by exercise controllers.



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Inject Methodology

Situation Status Reports

Pre-exercise and day-of-exercise situation status reports establish the overall scenario and move the pace of play during the exercise.

All spoken and written communications will start and end with the statement “THIS IS A DRILL.”



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EXERCISE LOGISTICS

Safety

Exercise participant safety takes priority over exercise events. The following general requirements apply to the exercise:

- The Lead Controller is responsible for participant safety; any safety concerns must be immediately reported to the Lead Controller. The Lead Controller will determine if a real-world emergency warrants a pause or termination in exercise play and when and if the exercise play can be resumed.
- Should a real-world emergency require the entire exercise to be paused or terminated, **the safety phrase to communicate to all exercise participants will be “Pause or TERMINATE EXERCISE DUE TO REAL-WORLD EMERGENCY.”**
- The following procedures should be used in case of a real emergency during the exercise:
 - Anyone who observes a participant who is seriously ill or injured will immediately notify emergency services and the closest controller, and within reason and training, render aid.
 - The controller aware of a real emergency will initiate the real-world emergency (“**PAUSE/ or TERMINATE EXERCISE DUE TO REAL-WORLD EMERGENCY**”) broadcast and provide the Lead Controller with the location of the emergency and resources needed, if any.

Fire Safety

Standard fire and safety regulations relevant to the DSFs will be followed during the exercise.

Emergency Medical Services

Standard facility/community protocols to call 911 for EMS response will be followed in the event of a real-world emergency.

Weapons Policy

All participants will follow the relevant weapons policy for all exercise areas, including but not limited to all DSFs.

Site Access

Security

If entry control is required for the exercise venue(s), each participating exercise site is responsible for arranging appropriate security measures. To prevent interruption of the



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exercise, access to exercise sites is limited to exercise participants. Players should advise their venue's controller or evaluator of any unauthorized persons.

Media / Observer Coordination

Organizations with media personnel and/or observers attending the exercise should coordinate with the host organization (RIDOH) or participating organization (nursing home or assisted living community) to request access to the exercise site. Media / Observers are escorted to designated areas and accompanied by a host organization representative at all times. Host or participating organization representatives and/or the exercise controller may be present to explain exercise conduct and answer questions. Exercise participants should be advised of media and/or observer presence. Any media inquiries should be directed to the Rhode Island Department of Health Public Information Officer (401-222-3998).

Exercise Identification

Exercise staff (Controllers, Evaluators, Observers, and Actors) will be identified by name badges or vests to clearly display their exercise roles.



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POST-EXERCISE AND EVALUATION ACTIVITIES

Debriefings

Post-exercise debriefings aim to collect relevant data to support effective evaluation and improvement planning.

Hotwash

At the conclusion of exercise play, controllers facilitate a hotwash to allow players to discuss strengths and areas for improvement, and evaluators to seek clarification regarding player actions and decision-making processes. All participants may attend; however, observers are not encouraged to attend the meeting. The hotwash should not exceed 60 minutes.

Controller and Evaluator Debriefing

Controllers and evaluators attend a facilitated Controller / Evaluator Debriefing immediately following the exercise. During this debriefing, controllers and evaluators provide an overview of their observed functional areas and discuss strengths and areas for improvement.

Exercise Evaluation Guides (EEGs)

EEGs will be provided to assist Evaluators in collecting relevant exercise observations. The EEGs will be posted on the LTC-MAP website one week prior to the exercise. Evaluators are encouraged to download and print the EEGs prior to the exercises. EEGs document exercise objectives and aligned capabilities, capability targets, and critical tasks. Each EEG provides evaluators with information on what they should expect to see demonstrated in their functional area. The EEGs, coupled with hotwash notes, are used to evaluate the exercise and compile the overarching RI LTC-MAP After Action Report (AAR).

After Action Report

The AAR summarizes key information related to evaluation. The AAR primarily focuses on the analysis of capabilities, including capability performance, strengths, and areas for improvement. AARs also include basic exercise information, such as the exercise name, type of exercise, dates, location, participating organizations, mission area(s), specific threat or hazard, a brief scenario description, and the name of the exercise sponsor and POC.



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Facility After Action Report (FAAR)

All facilities/communities are to complete a Facility-specific After-Action Report (FAAR). This FAAR will be used to document the exercise for regulatory authorities. The FAAR should be completed within one week after the exercise at www.mutualaidplan.org/ri.

Please note: It is the responsibility of participating agencies to save the FAAR with internal documents. Neither RPA nor RIDOH CEPR will be obtaining copies of these reports.

Exercise After Action Report (AAR)

The overarching RI LTC-MAP AAR will be completed by RPA, a Jensen Hughes Company, and will be available to LTC-MAP members as an additional source of documentation about the exercise.

Improvement Planning

Improvement planning is the process by which the observations recorded in AARs are resolved through development of concrete corrective actions, which are prioritized and tracked as a part of a continuous corrective action program.

After Action Meeting

The After-Action Meeting (AAM) is a meeting held among decision and policy makers from the exercising organizations, as well as the Lead Evaluator and members of the Exercise Planning Team, to debrief the exercise and to review and refine the draft AAR and Improvement Plan (IP). The AAM should be an interactive session, providing attendees the opportunity to discuss and validate the observations and corrective actions in the draft AAR/IP.

Improvement Plan

Lessons learned and recommendations from the AAR will be incorporated into an Improvement Plan (IP). The IP identifies how recommendations will be addressed, including what actions will be taken, who is responsible, and the timeline for completion. The IP will be completed by RPA, a Jensen Hughes Company, and discussed and validated during the AAM.

PARTICIPANT INFORMATION AND GUIDANCE

Exercise Rules

The following general rules govern exercise play:

- Real-world emergency actions take priority over exercise actions.
- Exercise players will comply with real-world emergency procedures, unless otherwise directed by the control staff.
- All communications (including written, radio, telephone, fax, and e-mail) during the exercise will begin and end with the statement “**This is a drill**”.

Player Instructions

Before the Exercise (Complete by June 8, 2019)

1. Review appropriate emergency plans, the contents of your LTC-MAP binder, and exercise support documents.
2. Go to the LTC-MAP website, www.mutualaidplan.org/ri and log into your facility. Review the following tabs and be sure they are up to date:
 - Facility Information, specifically:
 - Facility address, phone and fax numbers
 - Generator information
 - Contact information:
 - The e-mail address, office, cell, and home numbers for the Administrator, Director of Nursing and Facilities Manager, at a minimum
 - LTC Beds:
 - Update your categories of care and information about the number of residents in a dementia-secured unit (if applicable)
 - Evacuation Sites:
 - List your top-ten evacuation sites (cross-reference with categories of care)
 - Vendors:
 - Add in all of your vendors. At a minimum, you should have your critical vendors listed.
3. Contact your local emergency manager and community partners to make them aware of your exercise and solicit their participation on the day of the exercise.

During the Exercise

Respond to exercise events and information as if the emergency was real, unless otherwise directed by an exercise controller.

Information will be given out prior to start of the exercises that are specific to the reason(s) of evacuation. You are expected to obtain other necessary information through existing emergency information channels.



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Do not engage in personal conversations with any potential evaluators, observers, or media personnel. If you are asked an exercise-related question, give a short, concise answer. If you are busy and cannot immediately respond, indicate that, but report back with an answer as soon as possible.

If you do not understand the scope of the exercise, or if you are uncertain about an organization's or agency's participation in an exercise, a number will be provided to you where you can ask, in real time, any exercise related questions.

Parts of the scenario may seem implausible. Recognize that the exercise has objectives to satisfy and may require incorporation of unrealistic aspects. Every effort has been made by the exercise's trusted agents to balance realism with safety and to create an effective learning and evaluation environment.

All exercise communications will begin and end with the statement "This is a drill." This precaution is taken so that anyone who overhears the conversation will not mistake exercise play for a real-world emergency.

Speak when you take an action. This will ensure that evaluators are aware of critical actions as they occur.

Maintain a log of your activities. Many times, this log may include documentation of activities that were missed by a controller or evaluator.

After the Exercise

Participate in the Hotwash Conference Call with observers and evaluators, as appropriate. Observers and evaluators will have a separate hotwash for the overall events.

Provide any notes or materials generated from the exercise to a controller or evaluator for review and inclusion in the AAR.

All participants are to complete a Facility After Action Report to document the exercise for regulatory authorities. This template for the Facility After Action Report is located at www.mutualaidplan.org/ri.

Neither RPA, a Jensen Hughes Company, nor RIDOH's Center for Emergency Preparedness and Response will be collecting copies of these reports. It is important that LTC-MAP members maintain After Action Reports on file because they may be requested during State and/or CMS facility surveys.

APPENDIX A: EXERCISE SCHEDULE

Southern Region June 18, 2019 (1:00pm – 4:45pm) / Northern Region June 19, 2019 (9:00am – 12:45pm)

Exercise Day

- 1:00pm / 9:00am: **STARTEX:** Exercise commences with an alert from the Rhode Island Health Notification System.
- 1:15pm / 9:15am: All plan members from the participating LTC-MAP region (Northern or Southern) complete Emergency Reporting. Include Operational Issues and reason for evacuation of your facility in the Emergency Reporting. All plan members complete Emergency Reporting by 1:30pm/9:30 AM.
- 1:20pm / 9:20am: All Plan members from the participating LTC-MAP region activate their Command Centers and review internal actions that must be conducted (*complete Transportation Evacuation Survey, create Incident Action Plan, collect census information, review holding area plans, etc.*).
- 1:30pm / 9:30am: **Regional Conference Call.** All Plan members from the participating region join call for a Situational Briefing. (See dial-in number and access code below)
Dial-In # 712-770-4340 Access Code 654492
- 1:45pm / 9:45am: LTC-MAP members fill out Incident Command System charts with points of contact identified for each ICS position activated and send charts to photos@mutualaidplan.org prior to termination of the exercises. This chart can be downloaded at www.mutualaidplan.org/ri under 2019 Exercise Documents.
- 1:50pm / 9:50am: Each DSF will determine proper placement for their most acute mock residents (up to five), based on top-ten evacuation sites identified on their LTC-MAP member page and appropriate categories of care. DSFs prepare to send mock residents by:
- Establishing holding area
 - Physically moving mock resident(s) into holding area (factoring in multi-level facilities when applicable)
- 2:00pm / 10:00am: All DSFs fill out “Resident / Medical Record / Staff / Equipment” tracking sheets for up to five mock residents using **real clinical information from residents** (but substituting fake names for real ones).
- Please note:*** You can print these forms off at www.mutualaidplan.org/ri.
You do not have to use your triplicate forms; however, the use of the triplicate forms is up to each individual LTC-MAP member.
- 2:30pm / 10:30am: With the list of mock RAF beds, DSFs complete “Resident / Medical Record / Staff / Equipment” tracking sheets and finish determining proper placement of mock residents.
- Review how to package the residents
 - Review staffing levels pertaining to the evacuation
 - Review pickup locations of arriving transportation



**Rhode Island Long-Term Care Mutual Aid Plan
2019 Full-Scale Exercises (ExPlan)**

- 3:00pm / 11:00am: DSFs review recovery efforts.
- Identify vendors for supplies and equipment that would be needed to bring the facility back operating status
 - Develop messaging to family / media about reopening the building and any actions needed from them
- 3:30pm / 11:30am: **ENDEX:** Exercise concludes via an alert from the Rhode Island Health Notification System.
- 3:45pm / 11:45am: All exercise participants to join the Hotwash Conference Call with their internal teams.
Dial-In # 712-770-4340 Access Code 654492
- 4:45pm / 12:45pm: Exercise Hotwash Conference Call concludes

APPENDIX B: EXERCISE SCENARIO

Situation / Status Report 1: (24 - 48 Hours Pre-exercise)

THIS IS A DRILL.

SPECIAL WEATHER STATEMENT FROM THE NATIONAL WEATHER SERVICE IN TAUNTON...

THE HEAT WAVE CONTINUES...A HEAT ADVISORY HAS BEEN ISSUED FOR RHODE ISLAND. THERE IS THE POTENTIAL FOR A HEAT INDEX OF 100-104F DEGREES IN THE NEXT 24 TO 48 HOURS.

THIS IS A DRILL.

Situation / Status Report 2: (24 Hours Pre-exercise)

THIS IS A DRILL.

THE NATIONAL WEATHER SERVICE IN TAUNTON HAS ISSUED AN EXCESSIVE HEAT WATCH FOR RHODE ISLAND ...

RHODE ISLAND HAS THE POTENTIAL TO EXPERIENCE AN EXCESSIVE HEAT WITH TEMPERATURES EXCEEDING 100-1004F DEGREES FOR THE NEXT SEVERAL DAYS. THERE IS A POTENTIAL FOR LOCAL POWER OUTAGES THROUGHOUT RHODE ISLAND DUE TO THE EXCESSIVE HEAT.

THIS IS A DRILL.

Day of Exercise: 12:55PM / 8:55 AM

THIS IS A DRILL.

Reports are coming in that many healthcare facilities have suffered loss of commercial power due to the severe heat. Many buildings are experiencing intermittent losses of power, causing generator failure. If not already done, LTC-MAP members should activate their internal command centers immediately.

Because of the extreme heat and because all LTC-MAP members are experiencing complete losses of power, all LTC-MAP members require evacuation. RIDOH has been notified and is activating LTC-MAP Emergency Reporting. Please complete Transportation Evacuation Surveys for all of your residents. For instructions on how to complete your Transportation Evacuation Survey, please visit www.mutualaidplan.org/ri and under Plan Documents, select the "Transportation Evacuation Survey Quick Reference Guide".

THIS IS A DRILL.

APPENDIX C: EXERCISE PREPARATION LOGISTICS

REQUIRED DRILL PARTICIPANTS:

Controllers:

- a. RIDOH / HCRI Field Observers: Three to five RIDOH / HCRI Observers will be in the field visiting two DSFs per region each day.
- b. Three RPA Controllers: Three RPA consultants will be in the field visiting two DSFs per region each day.

Evaluators:

- a. DSF Command Center Evaluators. Each LTC-MAP facility/community should reach out to community partners to determine if they could be an evaluator during this full-scale exercise. If community partners are unable to attend, consider recruiting corporate leadership, volunteers, staff from different shifts (night supervisor, manager, etc.), or resident family members to serve in this role.

LTC Responders: Will be working remotely from their facilities. When requested, will be given specific/various tasks.

DSF Staff:

- a. Command Center: Three to five staff
- b. Holding Area: Two staff
- c. Support Staff: Three staff

APPENDIX D: COMMUNICATIONS PLAN

Exercise Start, Suspension, and Termination Instructions

The Rhode Island Health Notification System will be used to send messages about the start and termination of the exercise. Normal internal alert processes within facilities will be used to announce the start of the exercise and exercise suspension or termination.

All spoken and written communications will start and end with the statement “THIS IS A DRILL.”

Player Communications

Exercise communications do not interfere with real-world emergency communications. Players use routine organization communications systems. Additional communication assets may be made available as the exercise progresses. Each venue or organization coordinates its internal communication networks and channels.

Controller Communications

The principal methods of information transfer for controllers during the exercise are landline or cellular telephone, text, and Zello direct connect. The controller communications network allows the Lead Controller to make and announce universal changes to the exercise documentation, such as changes to the Master Scenario Events List (MSEL).

The primary means of communication among the controllers and players is landline or cellular telephone.

Communications Check

Before the exercise, the controllers will conduct a communications check with all interfacing communications nodes to ensure redundancy and uninterrupted flow of control information.

Player Briefing

Controllers may be required to provide scenario details to participants to begin exercise play. Technical handouts or other materials also may be provided to orient players with the exercise.

Public Affairs

The host organization (RIDOH) and participating organizations (nursing homes and assisted living communities) are responsible for coordinating and disseminating public information before the exercise. Each venue should follow internal policy and procedures. If requested, the DOC can assist with media inquiries and statements.

APPENDIX E: ACRONYM/ABBREVIATION LIST

Acronym	Meaning
AAM	After-Action Meeting
AAR/IP	After Action Report/Improvement Plan
CDC	Centers for Disease Control and Prevention
CEPR	Center for Emergency Preparedness and Response
CMS	Centers for Medicare and Medicaid Services
DHS	U.S. Department of Homeland Security
DOC	[RIDOH's] Department Operations Center
DSF	Disaster Struck Facility
EEG	Exercise Evaluation Guide
EMS	Emergency Medical Services
ENDEX	End of Exercise
ExPlan	Exercise Plan
FAAR	Facility After Action Report
FOUO	For Official Use Only
HARI	Hospital Association of Rhode Island
HCPR	Health Care Preparedness and Response [Capabilities]
HCRI	Healthcare Coalition of Rhode Island
HPP	Hospital Preparedness Program
HSEEP	Homeland Security Exercise and Evaluation Program
ICS	Incident Command System
LTC	Long-term Care
LTC-MAP	Long Term Care Mutual Aid Plan
MSEL	Master Scenario Events List
PHP	Public Health Preparedness [Capabilities]
POC	Point of Contact
PTS	Patient Tracking System
RAF	Resident Accepting Facility
RIDOH	Rhode Island Department of Health
RPA	Russell Phillips & Associates, a Jensen Hughes Company (RI LTC-MAP vendor)
SimCell	Simulation Cell
STARTEX	Start of Exercise
VIP	Very Important Person