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

Andy McGuire
CT LTC-MAP Program Manager
Fire & Emergency Management Consultant
RPA a JENSEN HUGHES Company

Recent Southern New England Mutual Aid Plan Activations
The importance of active LTC-MAP members

Learning from experiences in:

- **May 2011**: CT Nursing Home Fire (Region 3)
- **2011 Tornados**: Springfield, MA (6/1)
- **Aug/Sept 2011**: Tropical Storm Irene/Lee Flooding
- **Oct/Nov**: “Halloween Storm” - Snowstorm / Power Failure
- **Oct/Nov 2012**: Superstorm Sandy
- **Feb 2013**: Blizzard
- **Jan 2014**: Snow Storm
- **June 2014**: Boston Facility Evacuation
- **Nov 2014**: Winter Storm “knife” – Buffalo Blizzard – 2 Facility Evacuations
- **Jan/Feb 2015**: Blizzards
Recent Southern New England Mutual Aid Plan Activations

The importance of active LTC-MAP members

Learning from experiences in:

- **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.

- **April 2016**: Milford, CT - Relocation of 50 residents due to internal air quality issue

- **June 2016**: Madison, CT - Fast out evacuation of 74 residents due to Bomb Threat

Recent Southern New England MAP Activations / Evacuations

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

- **January 2017**: Meriden, CT - Loss of heat puts 70 residents at risk of evacuation

- **January 2017**: Danielson, CT - Relocation of 14 residents due to internal air quality issue

- **February 2017**: Winter Storm Niko affects all of New England

- **March 2017**: New Haven, CT – Evacuation of 177 Residents to 17 Facilities due to a burst sprinkler pipe above the electrical panel room
Recent Southern New England MAP Activations / Evacuations
The importance of active LTC-MAP members?

Learning from experiences in:

- **November 2018**: Woodbridge, CT – Evacuation of 60 residents due to internal flooding
- **November 2018**: Winter Storm Harper (Snow and Ice Storm) – Statewide emergency reporting for situational awareness.
- **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

Overview of the Mutual Aid Plan
WHAT IS THE PURPOSE OF THE LTC-MAP?

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

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

LTC-MAP STAKEHOLDERS WHY ARE WE SO SUCCESSFUL?

- Member facilities: 252
  - 213 Nursing Homes
  - 38 Assisted Living Facilities
- Hospitals
- Fire / Private EMS / PD
- State and Local Emergency Management
- Suppliers / Vendors
- State and Local Public Health
- Healthcare Coalitions (ESF#8s)
Plan Operation is first within your town/city. Additional support will come from your region - then other regions in a widespread disaster.

616 Facilities - 401 Nursing Homes
178 Assisted Living / 37 Rest Homes
251 LTC / 29 Hospitals
151 LTC

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
PLAN OBJECTIVES AND SCOPE

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

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
MEMBER RESPONSIBILITIES

- Complete Emergency Reporting when activated
- Attend the Annual Education Conference (Spring)
- Participate in Annual Exercises (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

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
**CT LTC-MAP DUTY OFFICER**

- 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 Regional Steering Committees / Responders
- **Assists with standing up the Regional LTC Coordinating Centers as needed**
- Primary contact for key partners and other agencies

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**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](http://www.mutualaidplan.org/ct)
  - Complete 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 Resources / Assets
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

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
  - Get the name of the person calling, facility, contact number and issue or request
  - DON’T HANG UP ON THE AUTOMATED MESSAGE
  - Inform the facility “On Call Person” ASAP
SECTION III: ACTIONS OF RESIDENT ACCEPTING FACILITY

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

Resident Care Director – Scope of Emergency will determine actions:
- Immediate analysis of open beds / apartments
- Activate internal emergency notification tree
- 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

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: Harrington Court, Colchester
- Region 5: Newtown Health Care Center, Sandy Hook
THE LTC COORDINATING CENTER / “AIR TRAFFIC CONTROL”

- Staffed by Mutual Aid Plan volunteers
- Assist with resident placement
  - Find the “Open Beds”
- Support resident tracking
  - “Close The Loop”
- Assist with staff, supplies and equipment needs requests
- Assist with 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
SECTION IV: COMMUNICATIONS

- Everbridge Alert Notification System
  - Email
  - Text Messaging
  - Phone calls
- Mutual Aid Plan Email Notification
- Constant Contact Email Notification
  - Monthly bulletins, updates, Duty Officer contact information
- Full Communications Failure
  - Bring Situation Status Report to local hospital, fire station, police department or EOC (local Emergency Manager provides this counsel) / Distress Notification

SECTION V: TRANSPORTATION / EVACUATION SURVEY

- Disaster Struck Facility will provide:
  - Total requiring bariatric transport (Non-ambulatory and >350/400lbs for EMS > 600lbs for Buses)
  - Total Wheelchair Van/Bus Residents – Transfer to another facility
  - Total for Standard Ground Transport – Transfer to another facility
  - Discharge to Home:
    - Total Wheelchair Van/Bus Residents
    - Total for Standard Ground Transport
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

Total State of CT Transportation Assets:

- 320 Vehicles
- CAPACITY: 2,484 Residents
  - 2,162 Seats
  - 322 Wheelchairs
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

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 sheet (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)
SECTION VII: STAFF / PHARMACEUTICALS / SUPPLIES / EQUIPMENT

- Supplies / Equipment
  - 1st - Request to Standard Vendors
    - Verbal first followed by documentation if possible
  - 2nd - Supplies/Suppliers Listed in LTC-MAP
  - 3rd - Working with your local EOC / Emergency Manager
  - 4th - Other facilities in Region and outside of Region (other LTC-MAPs)
    - Using the LTC Coordinating Center to support

SECTION VII: STAFF / PHARMACEUTICALS / SUPPLIES / EQUIPMENT

- Staffing
  - Emergency Credentialing (Just-in-Time)
    - Facility ID
    - Picture ID
    - Sign-in at Facility / Sign-out
    - 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) – will be signed by all
  - General Principles of Understanding
  - Process for addressing sharing of supplies, equipment, pharmaceuticals, transportation and staff
  - Provides resident transfer agreements with all LTC-MAP members (SNF & AL)
  - Payer Process: No Discharge / No Admit, 30 Day Sheltering process

SECTION XIII: FORMS

- Documentation:
  - Resident Emergency Evacuation Form
  - Resident / Medical Record and Equipment Tracking Sheet
  - Influx of Residents Log
  - Controlled Substances Receiving Log
  - Pharmaceuticals / Equipment / Supplies Request Form
FACILITY MUST BE READY INTERNALLY

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

1. Activation of Plan and Labor / Staff Pool
2. Establishment of Internal Holding Areas
3. Resident Preparation on Floors
   a) Marking of Resident Rooms (evacuated)
   b) Prioritization of Move (Low acuity to higher acuity?)
4. Coordination of Transportation
5. Determine Receiving Sites / Stop Over Point
6. Resident Tracking (internal and external)
Vertical Evacuation Methods
Evacuation Groups

- Evacuating Floor Group
- Stair Group
- Elevator Group
- Discharge Floor Group
- Holding Area
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

Preparation

➢ Communications
  + Process for residents families
  + Process for Fire Marshal and other local notifications

➢ Triage
  + Pre-designate a triage location
  + Pre-assign “positions”
    + Nursing – Triage / Manage Care
    + Social Work – Support
    + Administration – Tracking / Documentation
Preparation

➢ Surge Area
  + Pre-set areas to 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 electric medical equipment

➢ Expand resident room capacity
Room Expansion

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

Surging Beyond Capacity

Chapel Use

- Privacy dividers required (at minimum during care)

High Risk Event – DISASTER
Emergent Situations

➢ 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

LTC-MAP Website
Demonstration of the Mutual Aid Plan website

- Widgets
  - Facility Data, Documents, Calendar of Events
- Duty Officer contact information
- Activating the Emergency Reporting System
- Reporting your status

QUESTIONS

**Andrew D. McGuire, CEM, EMT-P**
CT LTC-MAP Program Manager
Fire & Emergency Management Consultant
[andrew.mcguire@jensenhughes.com](mailto:andrew.mcguire@jensenhughes.com)
860-793-8600 Office
203-648-7116 Cell

**Kim Joyce**
LTC-MAP Administrative Coordinator
[Kim.joyce@jensenhughes.com](mailto:Kim.joyce@jensenhughes.com)
860-793-8600 Office